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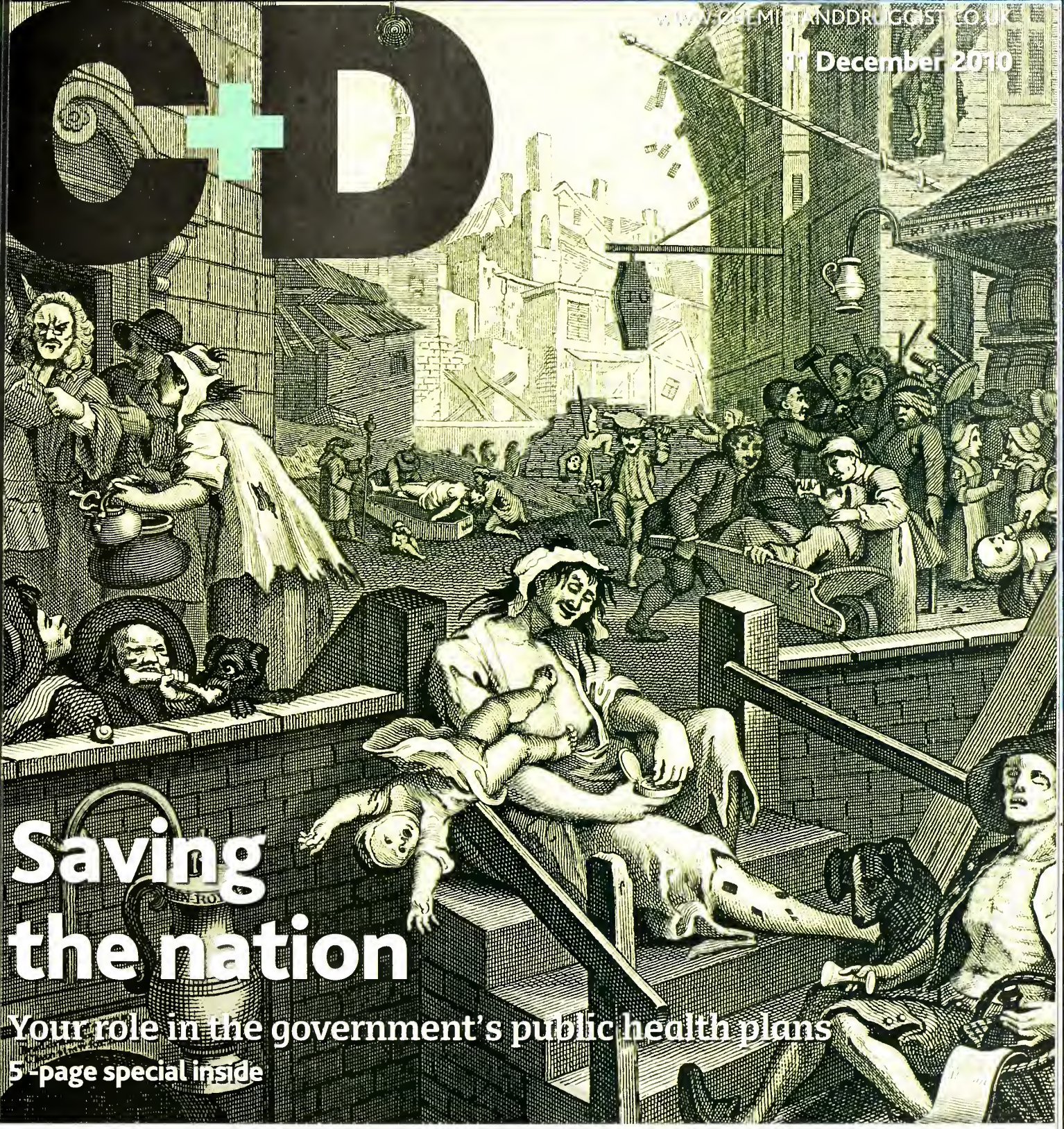
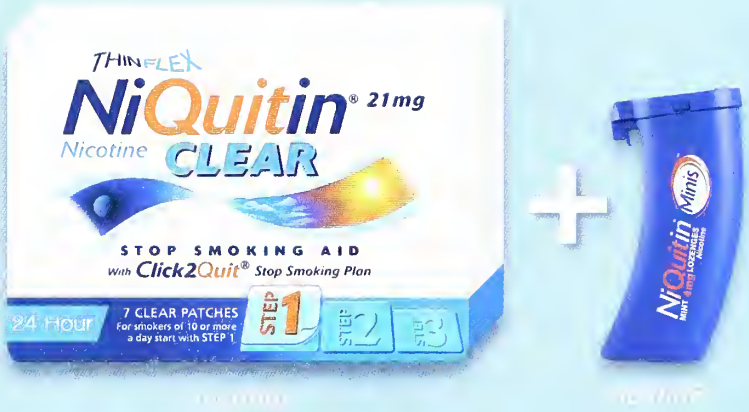


Saving the nation

Your role in the government's public health plans

5-page special inside

Swap one combination for another



NiQuitin Minis Mint 1.5mg/4mg Lozenges (nicotine). Indication: smoking cessation. **Dosage: Adults (18 and over):** One lozenge (max. 15/day) whenever urge to smoke to aid complete cessation (need use after 6 weeks) or gradual cessation (seek advice if no [illegible] after 3 weeks) or gradual cessation (seek advice if no [illegible] after 6 weeks) or abrupt attempt after 6 months). Professional support. Use 2 lozenges (the 1.5mg strength if smoke ≤20/day, otherwise 4mg). **Adolescents (12-17 years):** Abrupt cessation only. Dosing as for adults but seek professional advice if >12 weeks' treatment required/unable to quit abruptly. **Contraindications.** Hypersensitivity, non-smokers, children under 12 years. **Precautions:** Risk of NRT substantially outweighed by risks of continued smoking in virtually all circumstances. Supervise use in those hospitalised for MI, severe dysrhythmia or CVA who are haemodynamically unstable. Once discharged, can use NiQuitin as normal. Susceptibility to angioedema, urticaria. Renal/hepatic impairment, hyperthyroidism, diabetes, phaeochromocytoma. Absorbed nicotine may exacerbate oesophagitis, stomatitis. **Pregnancy/lactation:** For those unable to quit unaided the risk of continued smoking is greater than the risk of using NRT. Start treatment as early as possible in pregnancy for 2-3 months. Lozenge/gum preferable to patches unless nauseous. **Side effects:** At recommended doses, NiQuitin Minis have not been found to cause any serious adverse effects. Nausea, hiccup, flatulence, GI discomfort, vomiting, diarrhoea, dyspepsia, fatigue, malaise, chest pain, oral irritation, dizziness, headache, sleep disorders including abnormal dreams, anxiety, irritability, nervousness, depression, palpitations, increased heart rate, cough, sore throat, rash, anaphylaxis. See SPC for full details. GSL. **PL** 00079/0610, 0611. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack sizes and RSP (excl. VAT):** 20's £4.75, 60's £13.32. **Date of revision:** August 2009.

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Reference: 1. National Institute Clinical Excellence. Smoking cessation services in primary care, pharmacies, local authorities and work places, particularly for manual working groups, pregnant women and hard to reach communities. Public Health Guidance 10. February 2008.

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"IF PHARMACISTS AREN'T PREPARED TO ACT TO ENSURE THEIR FUTURE, WHY SHOULD THE GOVERNMENT?"

Evolutionary rather than revolutionary probably best describes the public health white paper published last week – at least in terms of interventions. But in terms of delivery it indicates a change in thinking, one that should complement pharmacy's strengths.

As the professionals that see the well as often as the unwell, pharmacists are perfectly placed to play a central role in the prevention of ill health. So the news of a structured approach to and ring-fenced funding for public health should play into the sector's hands.

Accordingly, pharmacy representatives have welcomed the white paper (p6). But they have done so cautiously because, they say, its warm words for the sector need backing by action – a painful lesson learned from past experience. But action from who?

"Politicians can talk the talk, now they must walk the walk" and "everybody's always recognising pharmacy's potential but nobody's ever realising it" are two nuggets I've heard this week from senior players in the sector. It's easy to sympathise. But consider it from the DH's perspective: it is rightly interested in outcomes, not in who delivers them. On the other hand, community pharmacy has a vested interest in being fully integrated into the public health plans (and in return can deliver significant patient benefits) – and the most to lose if it isn't, as sector leaders point out (p19).

When Earl Howe was asked this week whether the sector would have a dedicated seat on the planned national NHS Commissioning Board, pharmacy representatives responded with cries of "hear, hear". But the board's position is likely to be that they appoint on merit, not title. There are many pharmacists out there with significant merit – so perhaps the sector's approach should be putting forward potential representatives on that basis, rather than hankering after an empty seat to fill under some theoretical right.

Like many others, I was astounded to see this week the results of a C+D poll that showed just 5 per cent of pharmacists had engaged with GP consortia plans (p6).

I sympathise with those who have tried and been knocked back, but that almost nine in 10 think someone else will make this vital move for them is beyond comprehension. If pharmacists aren't prepared to act to ensure their future, why should the government? As Lloydspharmacy's Andy Murdock says (p6): "Pharmacy must step up to the plate and not expect it to be delivered as a matter of right."

Community pharmacy can't complain about a lack of action from ministers unless the sector – and everyone in it – can hand on heart say it did everything possible to lead by example.

Jennifer Richardson,
Deputy & Features Editor

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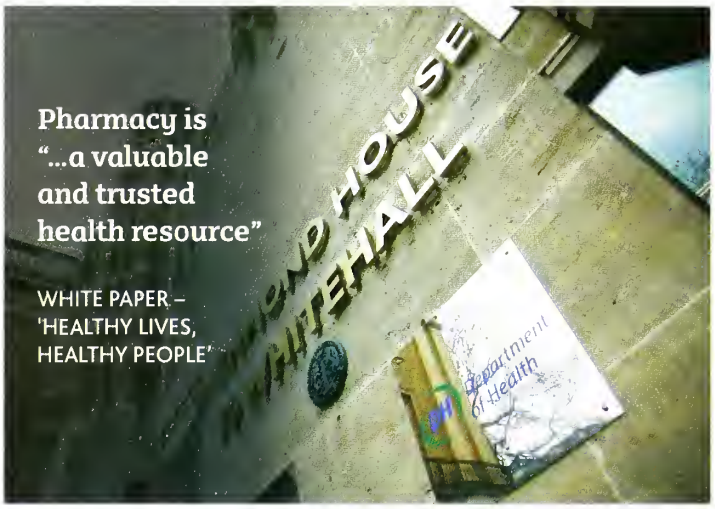
Sector cautiously welcomes government's public health plan

White paper must now be backed by action and engagement from pharmacists, experts say

Zoe Smeaton
zoe.smeaton@ubm.com



Pharmacy bodies have broadly welcomed the government's public health white paper, but warned that it needs to be followed by action if the opportunities laid out in it are to be realised.

The white paper, Healthy Lives, Healthy People, highlighted pharmacy as a "valuable and trusted public health resource" and suggested key roles for the sector in smoking cessation and other public health services.

It said the chief pharmaceutical officer would be working closely with the public health community.

But experts said the promises needed to be backed by action, and warned pharmacy must engage with new commissioning structures to ensure it got the most from the opportunities presented.

"We need clarity, action and sustainable funding to make the most of this under-utilised resource," pharmacy director at Lloydspharmacy Andy Murdock said. "Pharmacy must step up to the plate and not expect it to be delivered as a matter of right ... pharmacists need to understand what and how the new world will operate, sell themselves and offer solutions," he warned.

Pharmacy public health services should be embedded in a national contract, or backed by national standardised templates to inform local commissioning, experts said. "To maximise opportunities presented by the white paper in terms of services, we must build as much as possible into the national pharmacy contract in England and make training as accessible as it can be," John Nuttall, managing director of the Co-operative Pharmacy, told C+D.

PSNC welcomed the positive endorsement for pharmacy in the white paper, but warned the challenge now was to translate it into action. Chief executive Sue Sharpe said where pharmacists could provide services of benefit in all areas, these should be incorporated into the national contractual framework.

Full white paper coverage
Revolution or evolution? p10
Cut out and keep guide p16
Pharmacy's best outcome p19

"NHS structural reform must not distract us from ongoing challenges"
Ian Facer, NPA and Pharmacy Voice chair
www.chemistanddruggist.co.uk

Multiples condemn pharmacists not engaging with GPs

Pharmacy multiples have condemned pharmacists opting not to engage with GP consortia as NHS reforms take shape.

Employers warned the failure to engage could damage both businesses and the profession.

The comments came after a C+D online poll found only 5 per cent of respondents had so far engaged with consortia. Eighty eight per cent said they had no plans to engage, with 60 per cent of those saying they would wait for doctors to ask them for input, and 40 per cent saying the LPC would do it for them.

Andy Murdock, pharmacy director at Lloydspharmacy, said the situation "could be disastrous".

"It either shows a vast misunderstanding of what is going on, ignorance, or even arrogance," he added.

Boots UK and the Co-operative Pharmacy agreed the results were concerning. Experts all called for pharmacists to be proactive, and Mimi Lau, Numark's director of professional services, said: "Contractors cannot rely on GP consortia coming to them, this will not happen." **ZS**

Earl Howe: pharmacy at 'forefront' of agenda

Pharmacists will be at the heart of the government's public health agenda in the future, pharmacy minister Earl Howe has confirmed.

Progress already made would not be neglected, with three national services currently under discussion and PCTs being told not to decommission pharmacy services, he revealed.

And he said plans for a national commissioning board to commission pharmacy services would give the sector some certainty.

Speaking at a meeting of the all-party pharmacy group, Earl Howe said pharmacy had been "notably and appropriately embedded" in the government's public health strategy revealed in last week's white paper, Healthy Lives, Healthy People.

He backed increased targeting of MURs, stating it "makes sense to have national target groups". A new medicines service was "extremely promising" and a "very good example" of what pharmacists could do, he added.

He also called for an improved repeat prescription and collection service, which would see pharmacists assessing repeat prescriptions to ensure they were "not prescribed, ordered and dispensed unnecessarily".

All three services fitted with the government's Quality, Innovation, Productivity and Prevention (QIPP) agenda, he added.

The minister pledged future commissioning of pharmacy services by a national board would "inject an increased degree of certainty" for pharmacists. However, he recognised pharmacists' concerns over current decommissioning by PCTs during the transition to the new NHS model.

He said: "There is concern over transition. I share these concerns. We will remind PCTs of the importance of maintaining services – including enhanced services – in planning for 2011."

Addressing worries over GP consortia, Earl Howe said it was "too early to say" how GPs would be incentivised to commission pharmacy services.

The government was also looking at restructuring pharmacy's payment system, but any shift would be "a gradual change, rather than a big bang", he added. **CC**

Daunting workload as script volumes rise again

Report shows 22 per cent rise in MURs, 5 per cent script volume increase

Hannah Flynn
hannah.flynn@ubm.com

Community pharmacists in England are facing "daunting" workload rises as MUR and prescription volumes continue to increase, the NPA has warned.

The comments came after a report from the NHS Information Centre showed pharmacies doing MURs completed on average 25 more in 2009-10, than they had in the previous year.

Nationally, a 22 per cent rise in MUR numbers was seen, taking the total to 1.7 million in a year, the General Pharmaceutical Services in England report said.

Prescription volumes also increased by five per cent in 2009-10, which equates to 326 extra items dispensed monthly per pharmacy.

In total, 813 million items were dispensed by community pharmacies in England over the year.

The NPA expressed concerns about the impact of the increases in workplace pressure.

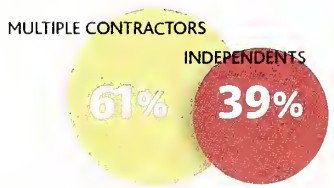
"It is a daunting challenge to deliver MURs and a range of other professional services whilst simultaneously managing script growth," the association said.

Enhanced services provision in England also improved over the year, with a 9 per cent rise in the number of services being commissioned from pharmacy, the report showed.

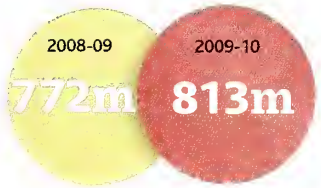
The most frequently provided services were smoking cessation, supervised administration and minor ailments as was the case last year.

The report also revealed that 76 per cent of new pharmacy opening in 2009-10 occurred within 1km of another pharmacy, with 38 per cent being 500m away or nearer. The NPA said this was indicative of ongoing problems with community pharmacy market entry arrangements. "The current arrangements for market entry are seriously flawed and disruptive. The process based on PNAs needs to be considerably more orderly," the association told C+D.

Percentage of pharmacies owned by:

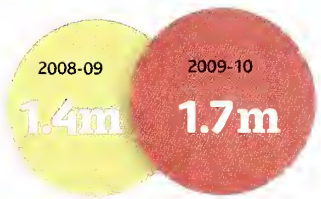


Number of items dispensed by community pharmacy in:



Number of pharmacies in 2009-10 which were:

Number of MURs completed in:



Methadone services stay

Methadone prescription will still have a role to play in treating drug addicts, according to a new government drug strategy.

But ministers also put drug-free recovery for addicts at the heart of the strategy, and warned methadone prescription was often not the best treatment option.

The strategy said substitute prescribing continued to play a role in treatment of heroin dependence.

"We will continue to examine the potential role of diamorphine prescribing for the small number who may benefit," the strategy said.

"However, for too many people currently on a substitute prescription, what should be the first step on the journey to recovery risks ending there. This must change," it added. **HF**

C+D journalists Jennifer Richardson and Chris Chapman have scooped two of publishing's most coveted awards – the PTC New Section Editor of the Year and New Business News Journalist of the Year respectively. The awards cap a hugely successful year for C+D, with two Avicenna Media and five international award wins to go with a record three shortlistings at this year's publishing Oscars, the PPA Awards. "It's a fantastic way to end the year," said C+D Editor Gary Paragpuri, "and it's great that a trade title for pharmacy is delivering the kind of quality journalism that can compete with the likes of the BBC and national broadsheets."

In brief

D'Arcy to Numark

Rowlands commercial director John D'Arcy is set to move to Numark as managing director, following the departure of Tony Mottram. Mr Mottram took over the role in April 2009, when Mr D'Arcy had been acting as interim head of Numark.

Welsh CPO

The Welsh Assembly Government (WAG) has appointed Roger Walker, professor of pharmacy practice at Cardiff University, as its new chief pharmaceutical adviser following the ill health and retirement of former adviser Carwen Wynne Howells.

Boots injury clinic

Boots has opened a pharmacy-based minor injury walk-in centre in its Aberdeen store. The clinic will be nurse-led and NHS Grampian said it would complement Boots' existing pharmacy minor ailments service.

Methadone tool

A template to help methadone clients remember when to pick up their doses over Christmas is available to download from the C+D website. The template, courtesy of Associated Chemists (Wicker), includes a blank schedule and useful advice and phone numbers and can be found at www.chemistanddruggist.co.uk/tools

Tough times ahead

Life for community pharmacy is "going to be more difficult in the coming years", support group PharmaPlus has warned. Managing director Hiten Patel said he was concerned about administrative burdens and the changing NHS structure.

Co-op condom prices

The Co-operative Pharmacy has reduced the price of some condoms by 25 per cent and is highlighting the risks of unprotected sex in the run up to Christmas.

More in Brief online
www.chemistanddruggist.co.uk

In brief

Healthcare atlas

The NHS has revealed an atlas to show how health problems vary by area. The atlas contains maps showing variations in cancer, diabetes and cardiovascular care across PCTs, and includes information on mortality and hospital admissions.
www.rightcare.nhs.uk/atlas

Numark security plans

Numark has called for financial and practical support to help pharmacy cope with security issues, amid fears that security support could worsen when PCTs are abolished.

Loading doses

Pharmacists should be vigilant for loading dose errors following 1,165 reported patient safety incidents in the past five years, according to a rapid response report from the National Patient Safety Agency.

AAH fuel surcharge

AAH is to increase its monthly fuel surcharge to £14 from January 1, 2011, the wholesaler has announced. The increase of £1.50 was necessary "in order to reflect the cost of fuel which AAH is now incurring", the group added.

Gentisone out of stock

Gentisone HC ear drops will be out of stock until late January 2011, manufacturer Amdipharm has announced. There was still a good supply of Locorten-Vioform combination ear drops, which are also indicated for eczematous inflammation in otitis externa, it added.

Pfizer campaign

Pfizer has launched a viral campaign to raise awareness of Man MOT, the first man-only online surgery for men who do not want to go to their GP. Man MOT is held on Mondays from 6pm until 10pm at www.manmot.co.uk and is backed by the NHS.

More in Brief online
www.chemistanddruggist.co.uk

PCTs boost pharmacy voice at board level

EXCLUSIVE 84 per cent have board member responsible for pharmacy

Miriam Reissner

More than 80 per cent of PCTs have now appointed a board member with responsibilities for community pharmacy, a C+D investigation has revealed.

This represents an improvement from last year, when C+D found 72 per cent of trusts had met requirements to appoint a named pharmacy representative.

Sector leaders called the finding a positive result, but expressed concern about those trusts still not representing pharmacy at board level.

Over 100 PCTs responded to C+D's request under the Freedom of Information Act and 84 per cent said that they had a pharmacy representative at board level.

"It is troubling that some PCTs are still failing to place pharmacy at the top table," Stephen Fishwick, head of external communications at the NPA, told C+D.

"Ministers in the previous administration gave a clear direction that there should be a board member with a community pharmacy brief in every PCT," he said.

Alastair Buxton, head of NHS services at PSNC, said it was "very disappointing" that not all PCTs had pharmacy representatives at board level.

"I'm not sure I would have expected [the results] to be any better, but I would want every PCT to have a board member taking responsibility for pharmacy matters," he told C+D.

However, Georgina Craig, NHS Alliance commissioning community pharmacy network lead, called the results "positive" and "quite surprising given the amount of organisational upheaval and uncertainty of PCTs".

PCT attendance

PCTs attended on average five LPC meetings and just one LMC meeting in the last financial year, C+D has found. Experts said this demonstrated the importance LPCs were placing on having collaborative working relationships with the trusts.

PSNC's Alastair Buxton called the result "a very positive statistic".

Plans to decriminalise errors 'don't go far enough', PDA says

The MHRA must go further with its proposed amendments to dispensing error legislation, the PDA has said.

All dispensing errors should be decriminalised, except in the case of manslaughter or gross negligence, the PDA said.

The MHRA proposed last month that dispensing error legislation be changed so that "where the defendant is a regulated healthcare professional, an offence is only committed if they are found to have acted with intent or negligence".

But dispensing errors should not be a criminal offence, as "no other healthcare professional is prosecuted criminally for doing their job wrong", John Murphy, PDA general manager told C+D.

"If it is done with negligence, then surely that is something the regulator can sort out?" he said.

The MHRA said it would shortly be consulting with professional regulators to establish their views on the proposals.

The consultation, which is open until December 22, is part of plans to reduce medicines legislation.

It includes the suggestion that there should be flexible penalties for companies breaking advertising codes for prescription drugs.

This could result in "fewer prosecutions and more proportionate action", the agency said. **HF**

Praise for waste scheme

London pharmacists have praised a campaign to slash medicines waste in the capital and save an estimated £50 million in unused drugs.

The initiative – launched last month by NHS Wandsworth, NHS Hillingdon, NHS Croydon and NHS Ealing – has included a radio campaign, as well as posters and leaflets distributed through pharmacies and GP practices to emphasise the importance of reducing waste.

Pharmacist Ade Adedapo, of The Olde Pharmacy in Wandsworth, told C+D that although there hadn't yet been a significant reduction in waste, the campaign had definitely raised awareness among patients. **CC**

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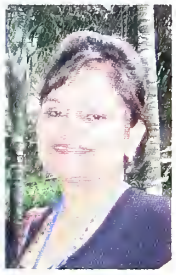
Dispensary talk

Have you talked to your local practice about GP consortia yet?

"Yes, we have been trying to liaise with public health and GP commissioning boards so we are in a position to make sure we have a seat at the table when they start."
Raj Patel, Mount Elgon Pharmacy, Wimbledon



"No, everything is hearsay, but not official. As much as I would like to be involved, we don't know who to contact. I want to be part of the profession and work together but I don't know where to start."
Lila Thakerar, Shaftesbury Pharmacy, Harrow

Web verdict

Yes, I'm keen to be involved
5%

Not yet, but I plan to
7%

No, the LPC will do that
35%

No, I'll wait for them to ask me
53%

Armchair view: It's been a slow start so far, with only 5 per cent of readers talking to their GPs about consortia. Perhaps more worrying though is the fact that almost nine out of 10 people aren't planning to be proactive about engaging in the future.

Next week's question:
Will involving local authorities in public health be good news for pharmacy?
Vote at
www.chemistanddruggist.co.uk

Sainsbury's offers GPs consultation rooms

Surgeries will maximise use of dispensary resources, supermarket says

Zoe Smeaton
zoe.smeaton@ubm.com

Sainsbury's has offered GPs free use of its pharmacy consultation rooms to run medical surgeries for up to 20 hours per week.

The company told C+D it remained "100 per cent committed" to its pharmacies, saying the surgeries would complement pharmacy offerings and help maximise use of the rooms.

Despite offering a range of enhanced services, including flu vaccinations, professional services manager at Sainsbury's David Gilder told C+D there was still "spare capacity" in the rooms. A typical Sainsbury's pharmacy was open for 85-90 hours a week, he said, and the GP surgeries would run for around 15-20 hours.

Mr Gilder said surgeries enabled GPs and pharmacists to work closely together, and added that feedback so far from stores running the services had been "fantastic".

The consultation rooms in 65 pharmacies have been brought up to the standards required for medical services, with plans to update the rest of the 240-strong pharmacy chain too, Mr Gilder told C+D.

Sainsbury's is running a roadshow for GPs interested in the scheme.

It was always positive to see pharmacists and GPs working together, Alastair Buxton, head of NHS services at PSNC, said. But he warned the model could lead to "interesting tensions" if a pharmacist wanted to carry out an ad hoc MUR or enhanced service discussion when the consultation room was occupied.

'Taxing effort' needed from sector

Pharmacy must work hard to overcome barriers both from within the profession and from government policy if it is to realise its potential for patient care, academics have warned.

"Achieving a genuine transformation [in the pharmacy sector] will require sustained and at times taxing effort," a paper, written by the London School of Pharmacy's David Taylor and sponsored by Boots, says.

Key barriers from within the sector include the need to improve MUR targeting and the lack of an evidence base for enhanced services. And the main responsibility for achieving further growth lies with pharmacy, professor Taylor said.

Pharmacies could be robbed of a chance to demonstrate their ability to commissioners if dispensing revenues were reduced before an evidence base was built, he said.

But the sector should strive to improve medicines use and services "whether or not new augmented remuneration systems are put in place", he added. **CC**

Clinical debate — C+D's Chris Chapman looks at the evidence behind the headlines

More evolution than revolution

The public health white paper doesn't represent a revolution in medical thinking, like the advent of sanitation in the Victorian era, or the clean air acts of the 1950s.

It's not even new advice.

We all know the importance of exercise, hygiene and good diet. We know stopping smoking is the biggest single intervention you can make to improve your health. And we are all aware of the rise in STIs, the return of diseases such as tuberculosis and the worrying spectre of pandemic death-flu.

That said, the white paper is the first time a government has created a structured plan to tackle these issues, rather than throwing a bit of spare change at them in the hope they go away.

It is the first time that someone has come out and recognised that "the current system for health protection is fragmented", and "is over-reliant on goodwill to make it work".

And it is the first time the government has recognised that "public health professionals have been disempowered and their skills not sufficiently valued".

In areas such as inner London and north east England, people are dying seven years earlier than those in more affluent areas. According to the white paper, improving public health could cut a third of circulatory disease, reduce alcohol abuse and drug-fuelled crime and limit winter deaths.

And significantly in this age of penny-pinching, a healthier workforce would cut sick days and deliver a £100 billion a year windfall to the economy, meaning the NHS would virtually pay for itself.

So, while there's nothing new here, the paper is empowering stuff. It's admitting we're not there yet, and that we need investment to deliver results.

It's placing prevention, rather than treatment, at the heart of the health agenda. And, for the second time this year, it's a health policy that demands pharmacy take up the mantle.

Chat with Chris on Twitter:
www.twitter.com/CandDChris

Watch the video interview with Pharmacy Voice bosses
www.chemistanddruggist.co.uk/video

In brief

HIV testing
HIV testing in community settings has been backed by health minister Anne Milton. Speaking on World AIDS Day held on December 1, Ms Milton said offering HIV tests in a range of settings, including the community, "works well for patients".

Allergy treatment
Immunotherapy given as pills or drops is safe and effective for limiting allergic rhinitis, a Cochrane review has found. The treatment, which is used if antihistamines and corticosteroids fail, is effective sublingually as well as by injection.

EEA CD prescription
Pharmacists will be allowed to dispense prescriptions for schedule 4 and 5 controlled drugs from European Union member state and Swiss practitioners from December 20. The amendments follow a statutory instrument passed by parliament on November 23.

BAPW members
Manor Drug and LogixX Pharma have joined the British Association of Pharmaceutical Wholesalers (BAPW). The association's executive director Martin Sawer said he looked forward to working with them.

Minor ailments evidence
A study to evaluate patient outcomes and the value of pharmacy interventions in minor ailments schemes has been launched by the University of Aberdeen, funded by the Pharmacy Practice Research Trust. The study will look at the most common minor ailments and the best ways of dealing with them.

New AH website
Alliance Healthcare has relaunched its website, with the new design intended to make the site more interactive and user-friendly and give customers easy access to the latest information (www.alliance-healthcare.co.uk).

Pharmacy Voice sets out representation plans

Trade associations join forces to help pharmacy 'punch its weight'

Zoe Smeaton
zoe.smeaton@ubm.com

The first tasks for new community pharmacy organisation Pharmacy Voice will be to engage all members and come up with a vision for the sector, its bosses have told C+D.

Pharmacy Voice is an additional organisation formed by the National Pharmacy Association (NPA), Company Chemists' Association (CCA) and Association of Independent Multiple Pharmacies (AIMp) joining forces.

The organisation is led by representatives from all three groups and will represent members from January with a stronger, unified voice, the associations say.

The change will only affect the representation functions of the three organisations, such as lobbying and responding to government consultations, with all other services continuing and remaining independent.

Ian Facer, NPA and Pharmacy Voice chair, told C+D when it came to representation, "the whole landscape has been fragmented and pharmacy has not been punching anywhere near its weight, it's about galvanising that and shaking things up".

Rob Darracott, CCA and Pharmacy Voice chief executive, said he wanted the organisation to enable the sector to come up with a picture of where pharmacy wanted to be and how to get there.

Ian Facer: we want a compelling vision

Pharmacy minister Earl Howe welcomed the launched of Pharmacy Voice, saying a more coherent message from the sector would be "extremely helpful" for government. And Jeremy Main, managing director at Alliance Healthcare, said he looked forward to seeing how the organisation would work.

But some cautioned the move might not unite pharmacy. The PDA Union said Pharmacy Voice would "be out to protect the interests of its members, the owners of pharmacies, many of whom may not be pharmacists".

Pharmacy Voice bosses on...

The first six months: "One of the first things is to get a compelling vision for what pharmacy is about, then sell that into government."
Ian Facer

Uniting pharmacy: "The intention is that where in the past stakeholders may have received separate statements from the three organisations, in future they will only get one and it will be under this name."
Rob Darracott

Pharmacy Voice staff: "Pharmacy Voice won't have any staff in itself and will operate in that sense as a virtual organisation using people working within the separate organisations."
Rob Darracott

A CCA/NPA merger: "It would be too early to say that we're going anywhere else with this. There is nothing on the horizon."
Ian Facer

Sector battles snow to serve customers

Pharmacists across the UK have once again battled the elements to stay open during bitter weather conditions, with the NPA calling some of their efforts "extraordinary".

Alliance Healthcare admitted some disruption to services, but praised staff commitment to delivering medicines. And pharmacists reported walking several miles to work and making deliveries on foot.

Temperatures plummeted to lows of -6°C in Rotherham, where MedicX Pharmacy said it was the only pharmacy to open in its area on the worst day.

Gavin Birchall, head of operations at the group, said that the achievement was down to the "initiative and determination of staff to provide the highest level of patient care".

In Grimsby, Numark member and owner of Waltham Pharmacy, Michael Cottingham was forced to close for the first time in 13 years, but walked six miles to open on the next day.

And in Lanarkshire, Scotland, Lloydspharmacy managed to stay open with staff driving through blizzards, hand-delivering scripts on foot and even staying in B&Bs so they could get to work. **MR**

Pharmacist convicted

A retired pharmacist has been sentenced to nine months imprisonment suspended for two years after he was found guilty of illegally advertising prescription-only medicines (POMs) online.

William John Parsons from Fallowfield, Manchester, was found guilty by a Southwark Crown Court jury on November 5 of advertising Viagra, Cialis and Levitra. He was also ordered to serve 150 hours of unpaid community work.

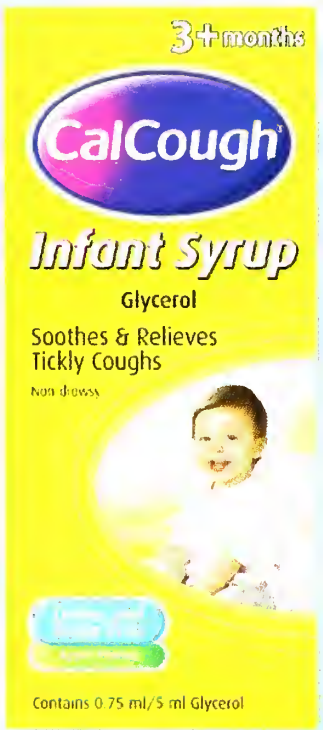
MHRA head of enforcement Mick Deats warned: "People with ED find the anonymity of purchasing medicines over the internet attractive and so internet businesses selling these medicines are lucrative." **HF**

Calpol

A trusted place to fight children's coughs this winter.

Winter is synonymous with illness and a winter cough can be more troublesome than most. As a pharmacy expert, you play an important role in helping young customers with winter coughs. Through recommending the appropriate remedy to their worried parent, you can help them overcome this troubling ailment.

The Calpol Kids' Zone encompasses a range of products designed to tackle a variety of coughs. You can rely on the Calpol Kids' Zone to help you help children through the winter cough season with a minimum of distress.



3+ months

Contains soothing glycerol to relieve the symptoms of dry and tickly coughs.

- Apple flavour
- Non-drowsy
- Colour and sugar free

1+ year

Provides relief from symptoms of a sore throat and an irritating and tickly, dry cough

- Blackcurrant flavour
- Non-drowsy

6+ years

Provides effective relief from children's chesty coughs

- Strawberry flavour
- Colour and sugar free
- Non-drowsy

Calcough Infant Syrup Product Information:
Presentation: Syrup containing 0.75ml Glycerol per 5ml (15%v/v). **Uses:** Relief of dry tickly coughs. **Dosage:** Children aged 1 – 5 years: 10ml 3 to 4 times daily; Children 3 months – 1 year: 5ml 3 to 4 times daily; Children under 3 months: not recommended. **Contraindications:** Hypersensitivity to ingredients; fructose intolerance. **Precautions:** If symptoms persist for more than 3 days consult doctor. **Pregnancy and Lactation:** Not applicable. **Side Effects:** Possible mild laxative effect. **RRP (ex-VAT):** 125ml £2.97. **Legal cat:** GSL. **PL Holder:** McNeil Products Ltd, Foundation Park, Roxborough Way, Maidenhead, SL6 3UG. **PL No:** 15513/0168. **Date of prep:** Jan 2010

CalCough Children's Soothing Syrup Product Information:
Presentation: Syrup containing glycerin 0.75ml and liquid sugar 1.93ml per 5ml. **Uses:** For the relief of irritating, tickling dry coughs and sore throats. **Dosage:** Adults and children over 5 years: 10ml; children 1-5 years: 5ml. May be repeated 3 or 4 times a day. Children under 1 year: not recommended. **Contraindications:** Hypersensitivity to ingredients. **Precautions:** Diabetics should take note of the carbohydrate content. **Pregnancy and Lactation:** Consult doctor. **Side effects:** None anticipated. **RRP (ex-VAT):** 125ml £2.97. **Legal category:** GSL. **PL Holder:** The Boots Company PLC, 1 Thane Road West, Nottingham NG2 3AA **PL No:** 00014/0307. **Date of prep:** June 2010

Calcough Six Plus Product Information:
Presentation: Syrup containing 50mg Guaifenesin per 5ml. **Uses:** Symptomatic relief of acute productive (chesty) coughs. **Dosage:** Children 6 – 12 years: 10 ml 4 times daily. **Contraindications:** Use in children under 6 years. Hypersensitivity. **Precautions:** Not to be used for more than 5 days without the advice of a doctor. Parents and carers should seek medical attention if the child's condition deteriorates during treatment; do not use with cough suppressants; caution in chronic cough or asthma; caution in severe renal or hepatic impairment. See SPC for further details. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Nausea, vomiting, hypersenstivity. **RRP (ex-VAT):** 125 ml £2.91. **Legal cat:** P. **PL holder:** McNeil Products Ltd, Foundation Park, Maidenhead, Berks, SL6 3UG. **PL No:** 15513/0052. **Date of prep:** May 2009

McNeil

ID: 06299

Contac swaps 12 Hour for Dual Relief

GlaxoSmithKline (GSK) Consumer Healthcare has replaced Contac 12 Hour Relief with Contac Non Drowsy Dual Relief Tablets.

The pharmacy-only Dual Relief formulation contains pseudoephedrine and paracetamol, to clear congestion and relieve the pain associated with congestion and sinusitis.

It is presented in a white and blue layered tablet to differentiate it from its predecessor, and is available from this month.

Contac 12 Hour Relief is no longer available due to export restrictions in the country of manufacture, GSK says.

Price: £3.89/18
Pip code: 359-0791
GSK Consumer Healthcare
Tel: 0845 762 6637

Market focus

- Decongestants is the fastest growing subcategory within the cold and flu market, showing a 5 per cent rise.[1]
- The total winter remedies market is worth £264.9 million.[2]

Sources: 1. Nielsen value sales to week ending October 23, 2010; 2. Kantar Worldpanel value sales, 52 weeks to August 8, 2010

Halls Soothers back on TV in £1m New Year campaign

Halls Soothers is set to be the focus of a £1 million television campaign in January, Ernest Jackson has announced.

The 30-second television advertisement focuses on the benefits of the brand and will run from January 3 to January 21, targeting a broad female audience with the message 'Have your throat kissed by Halls Soothers', according to the company.

This is the first time the brand has been the focus of a television advertisement since 2005.

Prices: £0.66/10
Pip codes: 099-5159 (blackcurrant); 095-2374 (cherry); 276-3589 (peach and raspberry); 271-4228 (strawberry)
Ernest Jackson
Tel: 01363 636100

Check out what's on TV this week

www.chemistanddruggist.co.uk/prodnews

Flexitol heel sleeves rolled out to all

Flexitol Active Gel Heel Sleeves have been rolled out to all pharmacies, following their introduction to Sainsbury's.

The product contains a continuous-release gel that provides hydration for the feet and is encapsulated in a lightweight fabric.

Other products in the Flexitol range include Flexitol Heel Balm and Flexitol Nourishing Skin Cream.

In addition, Flexitol's blister prevention spray, Blistop, is set to be the focus of an advertising campaign this month.

The company will launch further products in 2011, including a nail revitaliser gel, callus cream and a blemish kit.

Prices: £9.95/pair
Pip codes: 357-8788
La Derma
Tel: 01908 847079
www.flexitol.com

Brand focus

La Derma's Shantelene Stander talks to C+D

La Derma brand manager Shantelene Stander (right) explains how pharmacists can help patients use the Flexitol foot care range

Can you explain how newly-launched Flexitol Active Gel Heel Sleeves work?

Active Gel Heel Sleeves are worn over the heel and have a gel that contains emollients and other moisturising properties for people with dry or cracked heels.

They have been clinically designed to replenish moisture and create a barrier against infection on skin that has broken, and protect the skin against environmental stress. And all that prevents cracked heels.

Pharmacists should sell the products on the benefits and point out how fast-acting and moisturising it is and also the fact it is reusable for up to six months.

How can pharmacists boost their sales of the product?

We are devoted to obtaining the clinical data on the product and we believe that people should be proactive about having a good skincare or foot care regime.

The heel balm contains a high concentration of urea and by removing dead skin cells it increases moisturiser levels. The foot cream has a lower concentration and can be used for maintenance. It is non-greasy with good absorption and explaining that to a customer will encourage them to buy it.

Who should pharmacists be selling the products to?

The products are for anyone with dry or cracked skin on their feet. It can be used on eczema or psoriasis and also diabetic anhydrosis. Prescription packs can be obtained by a GP prescription. The retail pack has the same formulation and can be sold as a product that allows good foot care.

When does a patient presenting with these problems need to be referred to a GP?

If you have a patient with cracked heels and they want something for it then pharmacists should be able to offer them the creams. If they are a type 1 diabetic, then the pharmacist should refer them to their GP.

44% more effective at helping smokers quit compared with our previous patch programme at 12 weeks (p<0.005)[1,2]

Designed to get smokers off to a great start

Nicorette Invisi Patch Product Information:
Presentation: Transdermal delivery system available in 3 sizes (22.5, 13.5 and 9cm²) releasing 25mg, 15mg and 10mg of nicotine respectively over 16 hours. **Uses:** Nicorette Invisi Patch relieves and/or prevents craving and nicotine withdrawal symptoms associated with tobacco dependence. It is indicated to aid smokers wishing to quit or reduce prior to quitting, to assist smokers who are unwilling or unable to smoke, and as a safer alternative to smoking for smokers and those around them. Nicorette Invisi Patch is indicated in pregnant and lactating women making a quit attempt. If possible, Nicorette Invisi Patch should be used in conjunction with a behavioural support programme. **Dosage:** It is intended that the patch is worn through the waking hours (approximately 16 hours) being applied on waking and removed at bedtime. ***Smoking Cessation Adults (over 18 years of age):*** For best results, most smokers are recommended to start on 25 mg / 16 hours patch (Step 1) and use one patch daily for 8 weeks. Gradual weaning from the patch should then be initiated. One 15 mg/16 hours patch (Step 2) should be used daily for 2 weeks followed by one 10 mg/16 hours patch (Step 3) daily for 2 weeks. Lighter smokers (i.e. those who smoke less than 10 cigarettes per day) are recommended to start at Step 2 (15 mg) for 8 weeks and decrease the dose to 10 mg for the final 4 weeks. Those who experience excessive side effects with the 25 mg patch (Step 1), which do not resolve within a few days, should change to a 15 mg patch (Step 2). This should be continued for the remainder of the 8 week course, before stepping down to the 10 mg patch (Step 3) for 4 weeks. If symptoms persist the advice of a healthcare professional should be sought. ***Adolescents (12 to 18 years):*** Dose and method of use are as for adults however, recommended treatment duration is 12 weeks. If longer treatment is required, advice from a healthcare professional should be sought. ***Smoking Reduction/Pre-Quit:*** Smokers are recommended to use the patch to prolong smoke-free intervals and with the intention to reduce smoking as much as possible. Starting dose should follow the smoking cessation instructions above i.e. 25mg (Step 1) is suitable for those who smoke 10 or more cigarettes per day and for lighter smokers are recommended to start at Step 2 (15 mg). Smokers starting on 25mg patch should transfer to 15mg patch as soon as cigarette consumption reduces to less than 10 cigarettes per day. A quit attempt should be made as soon as the smoker feels ready. When making a quit attempt smokers who have reduced to less than 10 cigarettes per day are recommended to continue at Step 2 (15 mg) for 8 weeks and decrease the dose to 10 mg (Step 3) for the final 4 weeks. ***Temporary Abstinence:*** Use a Nicorette Invisi Patch in those situations when you can't or do not want to smoke for prolonged periods (greater than 16 hours). For shorter periods then an alternative intermittent dose form would be more suitable (e.g. Nicorette inhalator or gum). Smokers of 10 or more cigarettes per day are recommended to use 25mg patch and lighter smokers are recommended to use 15mg patch. **Contraindications:** Hypersensitivity. **Precautions:** Unstable cardiovascular disease, diabetes mellitus, renal or hepatic impairment, phaeochromocytoma or uncontrolled hyperthyroidism, generalised dermatological disorders. Angioedema and urticaria have been reported. Erythema may occur. If severe or persistent, discontinue treatment. Stopping smoking may alter the metabolism of certain drugs. Transferred dependence is rare and less harmful and easier to break than smoking dependence. May enhance the haemodynamic effects of, and pain response, to adenosine. Keep out of reach and sight of children and dispose of with care. **Pregnancy and lactation:** Only after consulting a healthcare professional. **Side effects:** *Very common.* itching. *Common.* headache, dizziness, nausea, vomiting, GI discomfort; Erythema. *Uncommon.* palpitations, urticaria. *Very rare* reversible atrial fibrillation. See SPC for further details. **RRP (ex-VAT):** 25mg packs of 7: (£14.83); 15mg packs of 7: (£14.83); 10mg packs of 7: (£14.83). **Legal category:** GSL. **PL holder:** McNeil Products Ltd, Roxborough Way, Maidenhead, Berkshire, SL6 3UG. **PL numbers:** 15513/0161; 15513/0160; 15513/0159 **Date of preparation:** October 2010

References: 1. Tønnesen P, et al. Higher dosage nicotine patches increase one-year smoking cessation rates: results from the European CEASE trial. Eur Resp J 1999, 13:238–246 **2.** Data on file – CEASE 3

Date of preparation: November 2010 06359

McNeil Products Ltd.

For every cigarette, there's a nicorette nicotine

www.nicorette.co.uk

YOUR GUIDE TO...

The public health white paper

An at-a-glance summary of Healthy Lives, Healthy People, by **Jennifer Richardson**

"This white paper outlines a radical shift in the way we tackle public health challenges... We will end central government control and give local government the freedom, responsibility and funding to innovate... There will be real financial incentives to reward their progress... and greater transparency so people can see the results."

ANDREW LANSLEY, SECRETARY OF STATE FOR HEALTH, ENGLAND

What is the new white paper?

Last week, the coalition government published its promised public health white paper, Healthy Lives, Healthy People. It is a policy document outlining what it calls "radical" changes to the way public health is managed in England. It builds on the NHS white paper published in July and fulfils several policy pledges Andrew Lansley made in opposition, including ring-fenced funding and a dedicated government department for public health (C+D, July 4, 2009, p5).

Why is it needed?

Healthy Lives, Healthy People is the coalition government's response to Sir Michael Marmot's 2009 review of health inequalities, Fair Society, Healthy Lives. The government says its "bold" approach to managing public health is necessary because of the "alarming levels" of lifestyle-driven health problems in England. Alongside the public health white paper, it has published a review of evidence on health and wellbeing in the country, Our Health and Wellbeing Today. Its findings include:

- Maternal depression and anxiety affects between 10 and 15 per cent of pregnant women; rates are nearly twice as high among mothers living in poverty and three times as high for teenage mothers.
- There is a 70 per cent gap in infant mortality between the richest and poorest groups and rates for some ethnic groups are almost twice the national average.
- One in five mothers is obese, one in six smokes during pregnancy and breastfeeding prevalence at six to eight weeks is just 46 per cent.
- One in five three-year-olds and two-thirds of adults are overweight or obese.
- Obesity-related conditions cost the NHS an estimated £4.2 billion a year.
- One in five adults smoke – the single biggest preventable cause of early death and illness.
- The NHS spends more than £2.7 billion a year treating smoking-related illness, but less than £150 million on smoking cessation.
- Circulatory diseases, cancers and respiratory diseases together account for three-quarters of deaths across all ages.
- Over 30 per cent of deaths from circulatory disease could be avoided mainly through lifestyle changes.
- By 2024, half of the population will be more than 50 years old.
- Dementia costs the UK £17bn a year, with 750,000 people in the UK affected and numbers set to rise; half of dementias have a vascular component.
- 15.4m people in England have a longstanding illness; musculoskeletal conditions, circulatory diseases and mental health diseases account for over 70 per cent of the burden of longstanding ill health.
- The UK could save up to £100bn a year by reducing working-age ill health.
- One in 10 people who get an STI will become reinfected within a year.
- People living in the poorest areas will, on average, die seven years earlier than those living in

White paper lingo decoded

- **Public health**
Defined by the Faculty of Public Health as "the science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through the organised efforts of society".
- **Directors of public health (DsPH)**
Currently a role within PCTs, moving to local authorities under the public health white paper proposals; defined by the government as "the lead public health professionals who focus on protecting and improving the health of the local population".
- **Public Health England**
The dedicated public health service to be established within the Department of Health during 2011 and take on full responsibilities – including functions of the Health Protection Authority and National Treatment Agency for Substance Misuse – for the national approach to public health by April 2012.
- **Health premium**
Part of the coalition government's proposed new funding mechanism for public health, which it says "will reflect deprivation and reward progress against health improvement outcomes in local areas".

What the public health white paper will mean for pharmacy. Analysis p19

richer areas, and will spend up to 17 more years living with ill health.

The government says England's current approach to public health is "not up to the task of seizing these huge opportunities for better health and reduced inequalities in health".

How will it work?

The coalition says "localism" will be at the heart of its proposed public health system. The core proposals of the public health white paper are:

- The transfer of the role of directors of public health (see White paper lingo decoded, left), currently within PCTs to local authorities, where they will be "strategic leaders" for public health in local communities.
- Ring-fenced public health funding, allocated to local authorities.
- A dedicated public health service, Public Health England, within the Department of Health.
- An evidence-based approach to public health initiatives, with the set up of a National Institute for Health Research (NIHR), School for Public Health Research and a Policy Research Unit on Behaviour and Health, and the regular publication of health outcomes.
- A central role for the chief medical officer and the planned NHS Commissioning Board (NHSCB) in public health.
- "Stronger" incentives for GPs to play a role in public health.

How will it be funded?

The public health budget, ring-fenced within the overall NHS budget, will be allocated to local authorities, weighted for inequalities. To encourage health inequalities reduction, authorities will receive "health premium" incentive payments for progress based on a public health outcomes framework.

The government's "early" estimates suggest that the current spend on areas that will become Public Health England's responsibility could be over £4bn. (The actual value will be influenced by the government's overall plans for cost reductions and efficiency gains.)

The government has promised to publish a consultation on the proposed funding and commissioning of public health "shortly"

The 4 Rs

The government says its "radical" approach to public health will be:

- **Responsive – owned by communities and shaped by their needs**
- **Resourced – with ring-fenced funding and incentives to improve**
- **Rigorous – professionally-led, focused on evidence, efficient and effective**
- **Resilient – strengthening protection against current and future threats to health**

How will commissioning work?

The public health budget will fund services primarily aimed at prevention rather than treatment, including smoking cessation, screening and sexual health services.

Public Health England will have three main routes for funding such services:

- local authority allocations
- NHSCB commissioning of services
- direct commissioning, such as national communications campaigns.

However, the government says there may be other options, such as GP consortia commissioning on behalf of Public Health England, if appropriate.

Where does pharmacy fit in?

While it is not yet clear exactly how the commissioning of local enhanced pharmacy services will be affected by the public health white paper proposals, other than the above, community pharmacy does get some significant mentions in the document. These suggest that the coalition government does see a crucial role for the sector in tackling the public health challenges outlined.

The public health white paper says: "Community pharmacies are a valuable and trusted public health resource. There is a real potential to use community pharmacy teams more effectively to improve health and wellbeing and reduce health inequalities."

The sector also gets the following specific pledges and mentions in the white paper:

- Community pharmacies are potential locations for NHS Health Checks.
- The DH will strengthen its working relationship with community pharmacies, as well as the pharmaceutical industry, on smoking cessation.
- GP consortia will be encouraged to work with "a diverse range of clinicians", including pharmacists.
- Public Health England will influence the development of the community pharmacy contract alongside the NHSCB.
- Local authorities will produce pharmaceutical needs assessments (PNAs) that will inform the commissioning of pharmacy services by the NHSCB and local public health commissioning decisions.
- The chief pharmaceutical officer will work closely with public health leaders, including on the role of community pharmacies as businesses and employers.
- The Health Living Pharmacy initiative in Portsmouth is making "a real difference" (see What about Healthy Living Pharmacies?, below).

When will this happen?

The core elements of the proposed system will be set out in the upcoming Health and Social Care Bill, which will have to go through parliamentary approval. Subject to this, the government has pledged to have the proposed system in place by April 2013 (see Timetable for change, below).

The details of the arrangements needed to make this happen will be set out in "a series of planning letters throughout 2011", according to the government.

In the immediate term, there is a public consultation on some of the white paper proposals, which is open until March 2011.

The 5 domains of public health

The public health outcomes framework will cover the following:

1. **Health protection and resilience** – Protecting people from major health emergencies and serious harm to health.
2. **Tackling the wider determinants of ill health** – Addressing factors that affect health and wellbeing.
3. **Health improvement** – Positively promoting the adoption of healthy lifestyles.
4. **Prevention of ill health** – Reducing the number of people living with ill health.
5. **Healthy life expectancy and preventable mortality** – Preventing people from dying prematurely.

What about Healthy Living Pharmacies?

"Healthy Living Pharmacies (HLPs) are making a real difference to the health of people in Portsmouth, with 10 pharmacies awarded HLP status by NHS Portsmouth. HLPs have to demonstrate consistent, high-quality delivery of a range of services such as stopping smoking, weight management, emergency hormonal contraception, chlamydia screening, advice on alcohol and reviews of the use of medicines. They proactively promote a healthy living ethos and work closely with local GPs and other health and social care professionals.

"Early indications show that HLPs have greater productivity and offer higher-quality services. Early evaluation results include a 140 per cent increase in smoking quits from pharmacies compared with the previous year; and 75 per cent of the 200 smokers with asthma or chronic obstructive pulmonary disease who had a medicines use review accepted help to stop smoking." Source: Healthy Lives, Healthy People

Timetable for public health change

DECEMBER 2010 – MARCH 2011

- Consultation on the public health white paper, public health outcomes framework and funding and commissioning of public health.

2011

- Shadow Public Health England set up in DH.
- Working arrangements with local authorities begin to be set up, including matching PCT directors of public health to them.

AUTUMN 2011

- Public health professional workforce strategy developed.

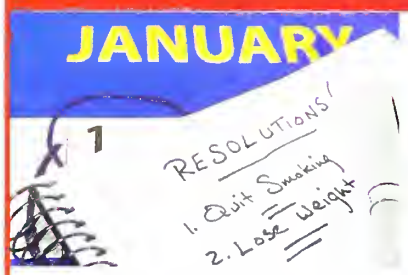
APRIL 2012

- Public Health England takes on full responsibilities, including functions of Health Protection Authority and National Treatment Agency for Substance Misuse.
- Shadow ring-fenced public health allocations to local authorities published.

APRIL 2013

- Ring-fenced funding for local authorities.

The resolution stampede



Ajit Malhi, head of marketing services for AAH Pharmaceuticals

There are only two weeks left until Christmas Day, so all the shelves are laden with bunting and sprigs of holly, the hangover treatments and indigestion cures are placed at eye level – and, no doubt, those perfume box sets have been doing a roaring trade.

We take it for granted as that's what we do well: dressing our pharmacies to fit a need and stocking them with equal precision. But it's over and done with before we know it, with extended holidays and longer closing times.

And come January 1, there will likely be a stampede of customers looking for advice from their local pharmacy to help them live up to their New Year's resolution.

Preparation is a must for this as our customers look to give up cigarettes, reduce their waistlines or just get fitter in general. So, be ready with that advice, be ready with those peak flow meters, scales and blood pressure testing kits – but also be ready to work out agreed and wellbeing goals with your patients. Is it worth the effort? Absolutely. It's what your customers want and expect.

The All About Health online health check is an ideal place to start and your patients can conduct a health check either with your help or discreetly in their own homes. More and more people are looking to the internet these days as a source of advice on health matters, but equally many people then want to follow that up with further advice from a healthcare professional such as a pharmacist.

Encourage your patients and tell them the best way to keep a resolution is to keep it simple and plan a timeframe to achieve the goal. Point them in the direction of allabouthealth.org.uk for support, advice and healthy living tips.

And, if your patients are anything like me come the New Year, there is more than one vice that needs shifting. One way to stand out from the crowd is to create a New Year health package and tie this in with the services you offer such as weight management or blood pressure screening.

I wish you all the best over the festive season and continued success in 2011.

For more information:
Email: allabouthealth@aah.co.uk
www.allabouthealth.org.uk

AAH customers should contact their AAH Business Manager to get involved

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All About HEALTH
ask your pharmacist

White paper: pharmacy's share

The public health white paper recognises the value of community pharmacy, but what slice of the cake will the sector get? **Zoe Smeaton** looks at the best and worst case scenarios

As a "valuable and trusted public health resource" with a key role to play in smoking cessation campaigns and a chief pharmaceutical officer working closely with the public health community, pharmacy seems to have done pretty well out of the government's public health white paper. Healthy Lives, Healthy People highlights pharmacy as a valuable profession, with the potential to do much more. And as Alastair Buxton, head of NHS services at PSNC, says: "Securing such a positive endorsement is a huge win and a testament to what's been happening in pharmacy."

Best case scenario

Experts agree that in a best case scenario, pharmacy could stand to gain considerably from this white paper. The ability of Public Health England to direct the NHS Commissioning Board could open the door for nationally agreed pharmacy services, Mr Buxton says.

Alternatively the reforms could lead to service templates, Boots UK says, which could enable more consistent commissioning at a local level. Or local commissioners could even be told they have to consider pharmacy as a provider, in DH community pharmacy tsar Jonathan Mason's best case world.

The services in question could include smoking cessation, weight management and sexual health services, and as Georgina Craig, commissioning community pharmacy network lead at NHS Alliance, says, even some services currently in the GP contract could be up for grabs.

However, rosy as this all sounds, pharmacists would be right to have reservations. "I am concerned that the Department of Health has a track record of praise and promises for community pharmacy, but nothing actually changes. Will it be different this time?" asks James Lindsay, head of corporate relations at AAH.

Worst case scenario

If it isn't, experts agree the worst case scenario would not make a happy ending for community pharmacy. They warn if pharmacy doesn't make its case to commissioners, other providers could step in and secure all the public health funding for their own services. As Ms Craig puts it: "GPs [could] make a more compelling case than pharmacy and corner the market in public health services through their inclusion in GMS in areas where pharmacy is starting to grow its evidence base." There could be no new services for pharmacy, alongside decommissioning of existing services, Mr Mason fears.

John Nuttall, managing director of the Co-operative Pharmacy, says: "A worst case scenario would see nothing concrete happening and huge local variability in terms of accessibility to services and health outcomes." Hemant Patel, secretary at North East London LPC, goes a step further, suggesting: "The worst case is that pharmacy is left with very little other than dispensing, then [we see] a reduced number of pharmacies because it will be more efficient to have 20 pharmacies doing 15,000 items a month than 40 doing 5,000."

Pharmacy can avoid this fate, experts agree, but not without some effort. Andy Murdock, pharmacy director at Lloydspharmacy, says to achieve a best outcome, "pharmacy must step up to the plate and not expect it to be delivered as a matter of right".

And whether the white paper is a threat or an opportunity "depends on how active pharmacists are in promoting the case for community pharmacy", Mr Lindsay agrees.

Making the case

Making that case and ensuring commissioners understand the benefits pharmacy services can bring are the keys to success. As Ms Craig says: "How big a slice of the cake pharmacy gets will depend on the quality of its sales pitch to commissioners and the general public."

But the work must be done at all levels, right down to individual pharmacists promoting their services to GPs and local directors of public health. Boots UK says it will be "essential" for contractors to engage with GP consortia and directors of public health in the future, for example. And pharmacists need to be collecting data on their services and interventions, Mr Mason advises. As Mr Murdock warns: "Pharmacy will need to record data far more rigorously than ever before in order to demonstrate our value."

Quite whether pharmacy is up to this challenge remains to be seen: a C+D poll last week showed 88 per cent of readers were not talking to GP consortia yet and had no plans to do so. But experts have been quick to condemn those not making the effort and are clear that pharmacy has no choice but to start doing so quickly. Education and guidance from the national bodies and employers may well be needed, but as Mimi Lau, Numark's director of professional services, concludes: "Pharmacy needs to wake up and act now."

"How big a slice of the cake pharmacy gets will depend on the quality of its sales pitch to commissioners and the general public"
GEORGINA CRAIG, NHS ALLIANCE

Five ways to help get the best from the white paper

"Get to know who's who in your area – who are the directors of public health? – and put yourself in front of them."
Jeremy Main, managing director, Alliance Healthcare

"Take small steps: find out what is going on locally, talk to your practices, do some research, talk to others that can help and then develop an action plan."
Mimi Lau, director of professional services, Numark

"Consider creating pharmacy-led consortia which could engage GP-led consortia. Pharmacies will need to think about collaborating."
James Lindsay, head of corporate relations, AAH

"Individual pharmacists need to share their success stories with local commissioners."
Liz Stafford, clinical commissioning lead, Rowlands Pharmacy

"Contractors should develop a clinical business development plan (if they have none) and decide what role they plan to have in delivery of public health services."
Georgina Craig, commissioning community pharmacy network lead, NHS Alliance

Send your letters and comments to:
haveyoursay@chemistanddruggist.co.uk

It's Saturday – rate me and my dancing skill

"ASKING THE AUDIENCE IS NO WAY TO MAKE CLINICAL ASSESSMENTS"

I might occasionally bemoan the rush to IT solutions, but I do love gadgets, so of course I have one of those overhyped, overpriced iPhones. This pocket computer masquerading as a phone allows installation of small programmes or apps, from pointless games to useful tools such as C+D's very own CliniCal medical calculator, and now even the former health minister Lord Darzi has got in the act with his NHS rating application.

His Lordship's app is a portable version of NHS Choices, except that by the wonders of Orwellian technology it knows your location. If I am at work and ask for the nearest NHS services, it displays Xrayser Pharmacy and local surgeries. Better still – and the whole point of this app – it allows you to rate the service on the basis of one to five stars. But you don't need an iPhone for such Big Society critique of health as the Great Western ambulance service now has an online feedback website. Presumably the weekend will see this inundated with kerbside tweets such as: "Got bladdered, got thumped, ambulance now 20 mins late :-("

What will it take for us to realise such rating and public pronouncement is not only useless, but may be positively harmful with the potential for manipulation? This political playing to the gallery, or as Lord D puts it "empower the public by giving them the tools they need to make informed decisions about their health and wellbeing", fails to consider that while "ask the audience" can work as a source of common knowledge, it is no way to make clinical assessments. If vox populi was balanced, fair, and objective, there would be no Jeremy Kyle show. If we are hurt, we want to make a noise about it, while if content we are quiet.

For example, our pharmacy is near a college that has ignored our entreaties and does not explain to students that they are not entitled to free scripts owing solely to their scholastic status – we have to explain that they can't get their antibiotics free, and much tantrum ensues. Now they can go away and mark us down. And once a trust, surgery, or pharmacy inform their staff of this feedback system, is that not implicitly saying "get on the app and vote for us"?

We talk of health outcomes, but are being judged on satisfaction, and it's not always satisfying to be told "I can't prescribe more sleeping tablets", or "I can't sell you any more of that medicine". Every Saturday night Mrs Xrayser is glued to Strictly Come Dancing – an entertainment programme where the audience vote has been known to overrule dancing skill. Let's not allow the same to happen to clinical skill.

Should the public have the right to rate you and your team? Email your views to the editor:
haveyoursay@chemistanddruggist.co.uk

Sue Sharpe

Our place in the information revolution

Revolution is an awfully strong word, especially when applied to shifts in health policy. We've all seen overhauls, we've become used to sweeping change and we've been told time and time again to expect radical shake-ups. But revolution? That's a word that'll raise hackles.

No matter how radical his vision is, Andrew Lansley would shy from being seen as Richmond House's Robespierre. Nevertheless, the department's information revolution stands as an exception to this selective rhetorical reticence. Can this set of policy changes really deserve such dramatic dubbing?

Given where the NHS is now, and where the government sees it going, I'd argue that it more than warrants it. Proposals for reform of the way the NHS collects and uses information were published by the DH last month, and they are no doubt sweeping and significant. But if the government's full intentions are carried through, these initial policies will be seen as simple, albeit necessary, first steps.

The NHS exists in a perpetual IT dark age. Its data-gathering is patchy, fragmented and subject to local variation. This frustrates the gathering of reliable data on the effectiveness and popularity of services – stopping us from identifying success, let alone replicating it.

Community pharmacists might ask whether the information revolution will really affect them. I can't respond for certain that it will. What I can say, without a shadow of a doubt, is that it should.

Pharmacists across the country are delivering high quality services at the heart of their community. But in many areas commissioners just aren't convinced, and are failing to harness pharmacy's full potential.

The white paper Liberating the NHS argues that "increasing amounts of robust information, comparable between similar providers" is the "key to better care, better outcomes and reduced costs". Only through recording and publicising the results we're delivering will we be able to show our case is cast iron.

At a time when all health sector providers are racing to gather compelling data to demonstrate the value of their work, PSNC's new web-based service support platform, PharmaBase, will enable tracking and analysis of the effectiveness of commissioned pharmacy services on a local and national level.

This will be invaluable in building a case for the development of pharmacy's role.

The NHS information revolution is well overdue; and community pharmacy must place itself at its forefront. PharmaBase will be instrumental in achieving this.

Sue Sharpe, chief executive, PSNC

"ONLY THROUGH RECORDING THE RESULTS WE'RE DELIVERING WILL WE BE ABLE TO SHOW OUR CASE IS CAST IRON"

The Finance Zone

PART 11: Monitoring business performance – Richard Baker offers some top tips

I have written previously about the need for management information and regular management accounts, particularly for those owning more than one or two pharmacies (www.chemistanddruggist.co.uk/finance). After producing regular management information, the next step is to ensure you review the information and understand what it means for your business on a day-to-day basis.

Key Performance Indicators (KPIs)

The most important KPIs for pharmacies to monitor are:

- turnover (analysed between prescription income and OTC sales)
- scripts per month
- gross profit margin percentage, and
- staff costs as a percentage of turnover.

These are the four key influences on profitability and cash generation.

Monitoring such information enables you to closely focus on the reasons underlying the trends so that you can address any issues on a timely basis.

Gross profit margin

This depends on a number of factors, such as the mix of prescription and OTC income, the prescribing habits of nearby doctors, volume of business and so on.

Richard Baker: Review KPIs regularly to address issues on a timely basis

While external comparisons are useful, monitoring your margin against historical margins in your business will be the best indicator of improvements in your business's performance.

Staff costs

If you are working full time in your business but paying yourself a small salary for tax planning purposes, remember to take this into account.

Replace your salary with an equivalent market salary for your role. This will enable you to look at your pharmacy from an investor's point of view and is a better indicator of true business performance.

Richard Baker is a partner at audit, tax and advisory firm Crowe Clark Whitehill

Crowe Clark Whitehill

3 steps to monitoring performance:

1. Establish KPIs for your business and monitor them regularly.
2. Prepare management accounts regularly and compare them with historical and forecast performance.
3. Remember to adjust your management accounts for artificially low or high salaries.

NEXT MONTH

The final Finance Zone column looks at cars, vans and bicycles

The C+D Finance Zone
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Module 1554

60-second summary

Why read this article?

Eczema is the most common skin condition in the UK. Although it is most common in children, it can present in adults and has a wide range of causes. This article looks at the types of eczema and their presentation.

What is the differential diagnosis?

Conditions that can present in a similar way to eczema include psoriasis, scabies and urticaria, rosacea and certain fungal skin infections. These may be differentiated by signs, symptoms, and location on the body. Patients who have not previously been diagnosed or with severe symptoms should be referred.

What complications can occur?

Eczematous skin can become infected with bacteria or viral infections. Patients with signs of an infection caused by herpes simplex require urgent medical referral as the condition can be life-threatening. Typical signs of eczema herpeticum include grouped blisters and punched-out erosions (which are circular depressed ulcerated lesions and usually have a diameter of 1-3mm), fever, lethargy and worsening, painful eczema.

Eczema: part 1

Clinical features and diagnosis

Chinjal Patel MRPharmS PGDip

Eczema, a form of dermatitis, is the most common skin condition in the UK and affects 15-20 per cent of school children and 2-10 per cent of adults.[1] There are various forms of the condition, the most common being atopic eczema.

Nice has issued guidance for the management of eczema in children up to 12 years.[2] However, these recommendations may be extrapolated to management in older children and adults, as the pathology of the condition is the same.

Most types of eczema have an unknown aetiology. However, a major causative factor is an impaired barrier function of the epidermis, which results in increased water loss causing dry cracked skin, and the entrance of irritants and allergens.

Table 1: Trigger factors for atopic eczema

- House dust mites.
- Grass pollens.
- Pet dander and moulds.
- Extremes of temperature and humidity.
- Dietary factors such as dairy products (especially cows' milk), eggs, fish, soya, nuts, wheat, gluten, tomatoes and citrus fruits.
- Irritants such as detergents, soaps, bubble baths, shampoos, chemicals, perfumes, preservatives and alcohols.
- Stress and hormonal factors.
- Irritating fabrics such as wool and polyester.

Classification

The classification of eczema tends to be unsystematic, with many synonyms to describe particular types. In addition, eczema and dermatitis are often used interchangeably.

Atopic eczema is the most common form of the condition. The term 'atopic' refers to a personal or family tendency to develop certain allergies and, consequently, an increased chance of developing other atopic conditions such as asthma and hayfever.

1. Atopic eczema is classed as endogenous as it is due to internal factors. The exact cause is not fully understood, but genetics, environmental triggers, defects in the epidermal skin barrier and immunological responses may be involved.

Common trigger factors include the house dust mite (due to a sensitivity to a protein in the faeces of the mite), extremes of temperature and humidity, stress, grass pollens and cows' milk. See table 1, above right, for a full list of trigger factors.

Atopic eczema is typically characterised by pruritic, excoriated, inflamed dry skin, which may be accompanied by exudation. It tends to be chronic and inflammatory, with episodes of flares and remissions, although it may be continuous in very severe cases.

The initial acute phase comprises intensely itchy erythematous lesions, which is often accompanied by tiny exudating vesicles that crust. As the skin is infiltrated with inflammatory cells, it can be painful. The subsequent chronic phase may have all of the acute phase features but also exhibit scaling and skin thickening (lichenification).

As a rule, inflamed areas of skin tend to flare up from time to time and then settle down. The severity and duration of flares varies between different patients, and from time to time in the same individual.

In mild cases, a flare-up may cause just one or two small, mild patches of inflammation, often located behind the knees or in front of elbows or wrists. In severe cases, the flare-ups can last several weeks or more and cover many areas of skin.

Most patients present with eczema in early infancy, where it is commonly seen on the cheeks, forehead and external surfaces of the limbs. Around 15 per cent of children develop the condition within the first six months. As the child gets older, facial lesions generally improve and symptoms are more commonly seen on the inner flexures. By adulthood, lesions tend to be more widespread. Around 75 per cent of patients will have a spontaneous remission of the condition by age 15, but may continue to experience dry skin throughout life.

2. Irritant contact dermatitis is an exogenous eczema (caused by external contact factors) and involves a non-immunological response. It is caused by skin contact with irritants (such as household detergents) and results from a direct reaction to the irritant. It is characterised by itchy, erythematous skin, which is dry because the irritant depletes fats and oils from the skin. It is most commonly seen on adult hands but may be misdiagnosed as atopic eczema.

3. Allergic contact dermatitis is an exogenous eczema resulting from regular contact with a substance such as nickel jewellery, rubber gloves, perfumes and preservatives. Its symptoms are similar to those of irritant contact ►►

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dermatitis, and it is not possible to distinguish between the two conditions by observation, although allergic contact dermatitis is less common.

Allergic contact dermatitis generally develops over a long period of time due to a delayed reaction to an allergen. If the cause is not identifiable, patch and/or prick testing may be performed to aid diagnosis.

4. Seborrhoeic eczema is an endogenous eczema, and in adults is commonly associated with overgrowth of the yeast Malassezia. It typically affects the scalp but may also affect ears, eyebrows, face, body, limbs and skin folds.

The symptoms of seborrhoeic eczema vary depending on the part of the body affected. If the scalp is affected, crusty scales are typically seen, which is called cradle cap in infants (although this may have a different cause). If the face and eyelids are affected, the skin is dry, itchy and inflamed.

5. Varicose eczema is also known as gravitational, stasis or venous eczema. It mainly occurs in older women due to poor circulation, and may be associated with varicose veins and deep vein thrombosis.

Typically, it is characterised by erythematous inflammation, scaling and crusting on the lower leg. The foot may appear oedematous and the leg veins may be blue and swollen. Varicose eczema is often misdiagnosed as cellulitis or a venous leg ulcer.

6. Discoid (nummular) eczema is an endogenous eczema. It appears as coin-shaped, very itchy, red, scaly patches, and is frequently found on the limbs. The cause is unknown but it mainly affects adults, often in later life.

7. Pompholyx (also known as dyshidrosis or vesicular palmoplantar dermatitis) appears on the palms, soles, fingers and toes. It is characterised by recurrent vesicles or large blisters, which appear worse in warm weather.

8. Asteatotic eczema (also known as eczema craquele or xerotic eczema) is typically seen on the limbs of elderly patients. It is characterised by dry, cracked, itchy skin, which resembles crazy paving.

This type of eczema is commonly caused by conditions that make the skin more susceptible to drying. These include central heating, dry winter weather, hypothyroidism and excessive washing.

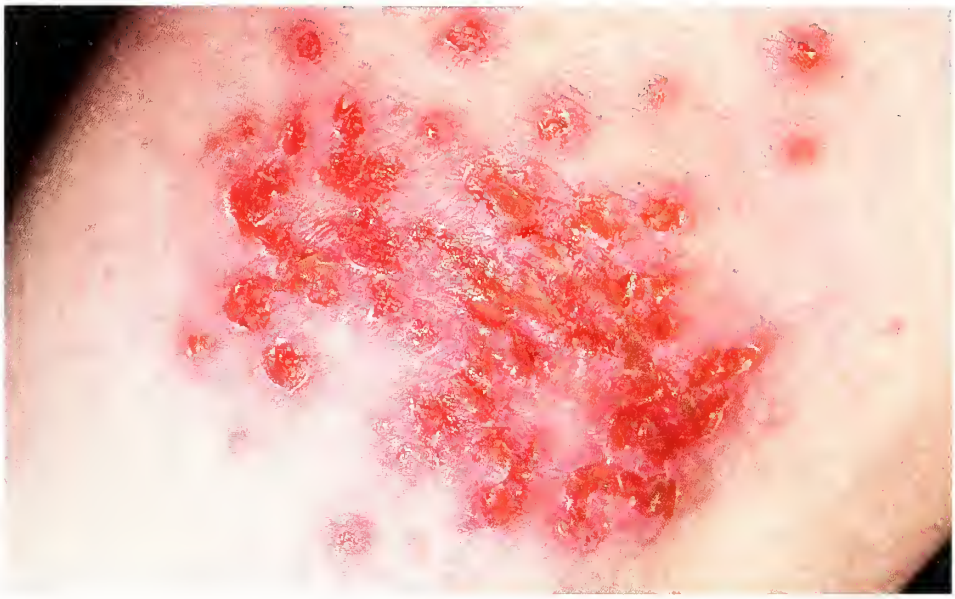
9. Lichen simplex chronicus (or neurodermatitis) typically presents as a thickened patch of itchy skin. It is caused by continued scratching and rubbing and may be stress-related.

Diagnosis

Patients who have not been previously diagnosed with atopic eczema or those with widespread or severe symptoms should be referred to their GP (see table 2, right).

Several other dermatological conditions can be misdiagnosed as eczema:

- Psoriasis can sometimes look like eczema. However, psoriatic plaques are less itchy, with silvery scales and tend to be found on the extensor (outer) surfaces of limbs, whereas eczema commonly affects the flexor (inner) surfaces of limbs.
- Scabies and urticaria can sometimes be confused with eczema as they cause intensely itchy skin. However, scabies typically affects palm creases and finger webs, and other family members may be infected at the same time. Scabies and head lice infestation can also lead to eczematous skin.
- Rosacea is a condition where the skin of the face exhibits papular and/or pustular erythema. It is commonly associated with dilated blood capillaries (telangiectasia).
- Fungal skin infections may be confused with eczema but are often unilateral, whereas eczema tends to be bilateral.



Eczematous skin can become infected, as shown above. Signs include weeping, crusting, severe inflammation, worsening of eczema and lack of response to treatment

Complications

Eczematous skin can become infected with staphylococcal and occasionally streptococcal bacteria. Signs of infection include weeping, crusting, severe inflammation, worsening of eczema and lack of response to treatment. Occasionally, a viral infection may occur in the eczematous skin, causing a wart.

Patients with signs of an infection caused by herpes simplex (eczema herpeticum) require urgent medical referral as the condition can be life-threatening. Typical signs of eczema herpeticum include grouped blisters and punched-out erosions (which are circular depressed ulcerated lesions and usually have a diameter of 1-3mm), fever, lethargy and worsening painful eczema.

Eczema can have considerable impact on the quality of life of patients and parents/carers. Sleep disturbance is common due to the intense itching, especially during flares. In children this can lead to irritability, restlessness and poor concentration in class, which can lead to a misdiagnosis of ADHD.[3] Eczema patients are also restricted in their choice of leisure activities and careers.

Chinjal Patel MRPharmS PGDip is a community pharmacist in Oadby, Leicester.

Table 2: Diagnostic criteria for atopic eczema[1,2]

Atopic eczema is diagnosed when there is itchy skin (or parental report of scratching) plus three or more of the following:

- Visible flexural dermatitis involving the skin creases (eg inner elbow creases or behind the knees) or visible dermatitis on the cheeks and/or extensor areas in children aged 18 months or under.
- A personal history of flexural dermatitis (or dermatitis on the cheeks and/or extensor areas) in children 18 months and under.
- A personal history of dry skin in the previous 12 months.
- A personal history of atopy in a first-degree relative of children under four years.
- The onset of signs and symptoms under the age of two years.

References

1. CKS. Eczema-atopic. Clinical Knowledge Summaries 2010; www.cks.nhs.uk/eczema_atopic
2. Nice. Atopic eczema in children. Management of atopic eczema in children from birth up to the age of 12 years. Nice clinical guideline 57. Dec 2007.
3. CKS. Attention deficit hyperactivity disorder. Clinical Knowledge Summaries 2010; www.cks.nhs.uk/attention_deficit_hyperactivity_disorder.

Download a CPD log sheet that helps you complete your CPD entry when you successfully complete the 5 Minute Test for this Update article online (p26).

NEXT WEEK
The second in the series looks at the management and treatment of eczema

C+D Guide to Heartburn

In this guide you will find out about:

- Risk factors for heartburn and acid reflux
- Lifestyle management
- OTC medicines for reflux symptoms such as heartburn
- Benefits of proton pump inhibitors, in particular Pantoloc Control (pantoprazole)

Pantoloc CONTROL®

Prescribing Information
Pantoloc Control 20mg gastro-resistant tablets
Please refer to Summary of Product Characteristics for full prescribing information.
Presentation: Yellow tablets containing 20mg pantoprazole (as sodium sesquihydrate). **Indications:** Short term treatment of reflux symptoms (e.g. heartburn, acid regurgitation) in adults. Dosage and **Administration:** Adults (including elderly) one tablet daily. **Children under 18 years:** not recommended. Treatment may be necessary for 2 to 3 consecutive days to achieve symptom improvement. If no symptom relief within 2 weeks consult a doctor. Treatment should not exceed 4 weeks without consulting doctor. Contraindications: Hypersensitivity to active, to soya or any of excipients. Co-administration with atazanavir. **Precautions:** patients should consult doctor in cases of: unintentional weight loss, anaemia, GI bleeding, dysphagia, persistent vomiting, vomiting with blood, previous GI ulcer or GI surgery, symptomatic treatment more than 4 weeks, jaundice, hepatic impairment, liver disease, over 55 years, recently changed symptoms, serious disease affecting general well-being. **Interactions:** possible reduced absorption of actives whose bioavailability is pH dependent (e.g. ketoconazole); reduced bioavailability of atazanavir. As pantoprazole is metabolised by cytochrome P450 enzyme systems possible interactions with substances metabolised by same enzyme system cannot be excluded. Pregnancy & Lactation: not recommended. **Side Effects:** Uncommon: headache; dizziness; diarrhoea; nausea/vomiting; abdominal distension, bloating, pain and discomfort; constipation; dry mouth; rash, exanthema, eruption; pruritus; asthenia, fatigue and malaise; sleep disorders; raised liver enzymes. Rare: disturbances/blurring of vision; urticaria; angioedema; arthralgia; myalgia; hyperlipidaemias and lipid increases; weight changes; raised body temperature; peripheral oedema; hypersensitivity reactions; bilirubin increased; depression. Very rare: thrombocytopenia; leucopenia; disorientation. Frequency not known: interstitial nephritis; Stevens-Johnson syndrome; Lyell syndrome; erythema multiforme; photosensitivity; hyponatraemia; jaundice; hepatocellular injury/failure; hallucination, confusion. **Legal Category:** P. **RRP:** 7 tablets: £6.90; 14 tablets: £11.90. **Marketing Authorisation No.:** EU/1/09/519/001-004 **MA Holder:** Nycomed GmbH, Byk-Gulden-Str.2, D-78467 Konstanz, Germany. **Date of Preparation:** February 2010. **Further information is available from Novartis Consumer Health, Wimblehurst Road, Horsham, RH12 5AB, UK.**

Guide to Heartburn

Heartburn and acid reflux are common symptoms of an upper gastrointestinal tract disorder known as gastro-oesophageal reflux – when the oesophageal sphincter either opens spontaneously, or doesn't close properly, allowing the stomach contents to rise up into the oesophagus. Persistent reflux that occurs twice a week or more is considered to be gastro-oesophageal reflux disease (GORD).[1]

Heartburn produces a burning sensation felt in the lower chest and up towards the neck. Acid regurgitation, or reflux, is experienced by some people as a sour or unpleasant taste.[2]

Heartburn affects around 1 in 3 adults every few days and almost 1 in 10 at least once a day.[2] Usually symptoms are mild and transient, but they can be troublesome and affect quality of life because of pain and discomfort and consequent loss of sleep if symptoms occur at night, for example.

Reflux symptoms sometimes have no obvious cause. GORD itself may result from problems with the lower oesophageal sphincter (LOS): the sphincter can become weakened for a variety of reasons which, in turn, allows acid to flow up into the oesophagus giving rise to symptoms.[3]

People who smoke, drink too much alcohol, are overweight, pregnant or aged 35 to 64 years suffer regular symptoms more frequently than other people. Stress, coffee and chocolate have also been implicated. So dietary and lifestyle changes can reduce symptoms. Medicines can also be helpful.[2,3]

Some medicines that can relax the LOS can be associated with reflux symptoms, including calcium-channel blockers, benzodiazepines, and anticholinergics.[3]

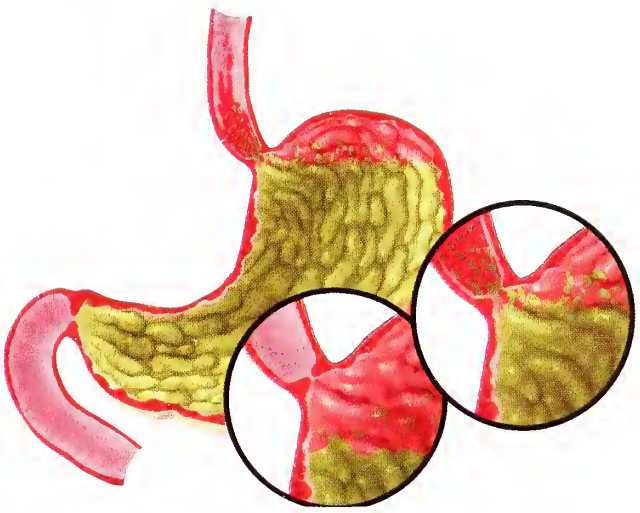


Illustration of a stomach with acid reflux or Gastro-oesophageal reflux disease (GORD). The inset shows a healthy oesophageal sphincter (left) and an unhealthy one (right), which does not close properly and allows food or liquid to move from the stomach backwards into the oesophagus.

Lifestyle changes may help relieve or eliminate symptoms. So you can advise customers about measures such as losing weight, stopping smoking, eating smaller meals more often, and avoiding things which trigger symptoms, such as alcohol, coffee, chocolate, tomatoes or fatty or spicy foods. Keeping a 'food diary' can help identify the foods or drinks that trigger symptoms and which can then be eliminated from the diet.

Sleeping with the head of the bed raised with wooden blocks – as long as the bed is suitable for modification in that way – can help some people. Propping the head or upper part of the body with pillows is not advised because it can increase the pressure on the abdomen.

A number of OTC medicines are available to treat heartburn and related symptoms, including antacids, alginates, proton pump inhibitors (PPIs) and histamine H2-receptor antagonists.

Antacids	Work by neutralising the acid in the stomach. They provide temporary relief from symptoms.
Alginates	Form a 'raft' on top of the stomach contents, which helps to prevent the stomach acid from being regurgitated into the oesophagus. They also protect the lining of the oesophagus.
H2 receptor antagonists	Stomach acid is produced when histamine binds (like a lock and key) to receptors in the stomach lining. H2 receptor antagonists reduce the amount of acid produced by blocking histamine receptors.
Proton pump inhibitors (PPIs)	Inhibit the action of the proton pumps that are found in the cells of the stomach, and which are the final step in acid production.

Antacids neutralise the acid once it has been produced and some alginate-containing preparations are thought to work by forming a 'raft' on top of the stomach contents thus reducing reflux symptoms.[1]

Histamine H2-receptor antagonists block the histamine receptors that trigger proton pump activity but have no effect on acetylcholine or gastrin receptors, which can also switch on proton pumps.[4]

PPIs reduce acid secretion in the stomach by irreversibly inhibiting the proton pumps in the gastric parietal cells.[4]

PPIs are recommended as first line treatment for dyspepsia, (upper GI symptoms including heartburn) by NICE and have been found to be more effective than antacids or H2 receptor antagonists in reducing typical symptoms of heartburn.[5,6]

C+D Guide to **Heartburn**

Pantoloc Control is a PPI available without prescription. It contains pantoprazole (as sodium sesquihydrate) 20mg as the active ingredient. It is licensed for short term treatment (up to 28 days) of reflux symptoms (eg heartburn, acid regurgitation) in adults.[7]

Pantoprazole is a pro-drug which is converted into its active form by the acidic conditions in the parietal cells. The drug's long duration of action may be attributed to its selective binding to cysteine 813 and cysteine 882 in the H+/K+-ATPase enzyme. It is the only PPI to bind to the enzyme in that way and can consequently be given once daily.[8]

Food and antacids do not affect the absorption of pantoprazole. PPIs only act on active proton pumps which are 'switched on' by the presence of food. Taking Pantoloc Control before a meal ensures its presence within the parietal cells when the proton pumps become activated, but if a customer forgets to take a dose before a meal, taking the dose with the meal does not affect bioavailability and is preferable to missing a dose.

Pantoloc Control can give:

- symptom relief from the first day of treatment[9]
- complete relief from symptoms in 70% of sufferers after 7 days[10]
- up to 24-hour relief from a single dose thus providing relief from daytime and night-time symptoms

The most commonly reported side effects with pantoprazole are diarrhoea and headache which occur in about 1% of people taking the drug. Other side effects, affecting around 0.5% of patients, are: nausea/vomiting; abdominal distension and bloating, and abdominal pain and discomfort.[7,10] Drug interactions can occur between pantoprazole and ketoconazole, ampicillin esters, iron salts and other substances whose bioavailability depends on low gastric pH. Pantoprazole should not be given with atazanvir because its bioavailability is affected.

Prothrombin time/INR monitoring are recommended when pantoprazole is taken with coumarin anticoagulants (eg phenprocoumon or warfarin).

Pantoprazole is metabolised by P450 cytochrome system in the liver so interaction with other substances metabolised by the same system cannot be ruled out.

A guide to consultation with people with reflux symptoms indicating which patients might benefit from taking a PPI, and who should be referred to their GP

How many times a week do you experience heartburn?

Occasionally – once a week or less

How often does heartburn affect your daily life?
e.g. Does it keep you awake at night or make you avoid certain foods or activities?

Rarely/ never

Constantly/ often

Patients should see a doctor if they have no symptom relief after taking Pantoloc Control for 2 weeks or if they need to continue treatment beyond 4 weeks.

Twice a week or more

Do you have any of the following?
Unintentional weight loss, Anaemia, Gastrointestinal bleeding, Difficulty swallowing (dysphagia), Persistent vomiting or vomiting with blood, Previous gastric ulcer or gastrointestinal surgery, Continuous symptomatic treatment of indigestion or heartburn for 4 or more weeks, Jaundice, impaired liver function or liver disease, Serious disease affecting general well-being, Aged over 55 years with new or recently changed symptoms

Yes

No

Customers should not take Pantoloc Control:

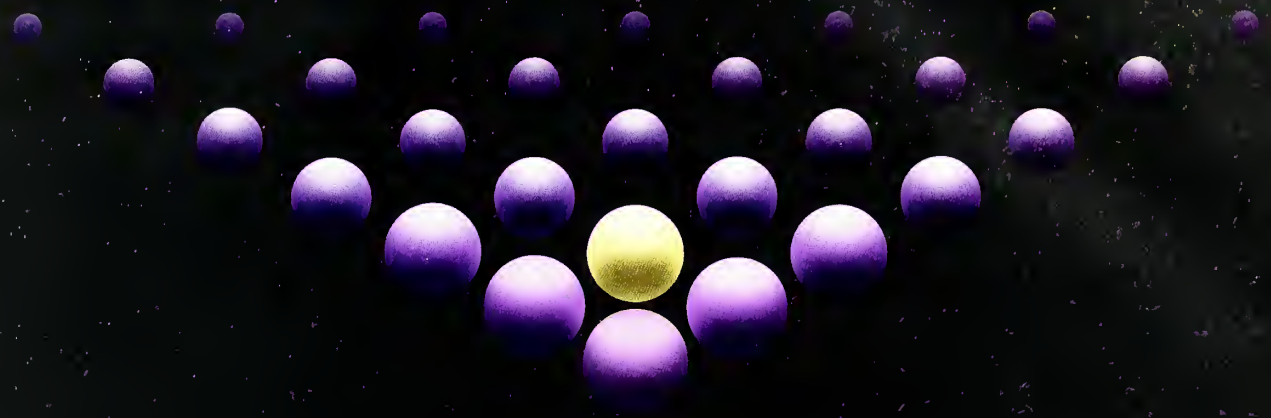
- If under 18 years old, pregnant or breastfeeding
- As a preventative medicine
- With another proton pump inhibitor or H2 receptor antagonist
- For longer than 28 days without consulting a doctor

Pantoloc CONTROL®

www.pantoloccontrol.co.uk

References: **1**. http://digestive.niddk.nih.gov/ddiseases/pubs/gerd/ (Accessed 11 November 2010). **2**. www.patient.co.uk/health/Acid-Reflux-and-Oesophagitis.htm (Accessed 11 November 2010). **3**. www.cks.nhs.uk/patient_information_leaflet/heartburn (Accessed 11 November 2010). **4**. British National Formulary 60 September 2010, Pharmaceutical Press, London. **5**. NICE Clinical Guideline no. 17: Quick Reference Guide: Dyspepsia – management of dyspepsia in adults in primary care. August 2004. Available from www.nice.org.uk. **6**. Haag S, Andrews JM et al. Management of Reflux Symptoms with Over-the-Counter Proton Pump Inhibitors: Issues and Proposed Guidelines Digestion 2009; 80: 226–234. **7**. Pantoloc Control 20mg gastro-resistant tablets SPC Novartis Consumer Health www.medicines.org.uk/EMC/medicine/22862/SPC/Pantoloc+Control+20mg+gastro-resistant+tablets/ **8**. Mathews S, Reid A, Chenlu T, et al. An update on the use of pantoprazole as a treatment for gastroesophageal reflux disease. Clin Experiment Gastroeneterol 2010;3:11-16. **9**. Kovacs TOG, Wilcox CM, Devault K, et al. Comparison of the efficacy of pantoprazole vs. nizatidine in the treatment of erosive oesophagitis: a randomized, active-controlled, double-blind study. Aliment Pharmacol Ther 2002;16:2043-52. **10**. EMEA Assessment report for Pantoloc Control 2009. Doc ref EMEA/374696/2009.pdf

C+D AWARDS 2011



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Eczema: part 1

Who is most likely to suffer from eczema lesions on the face? What are the diagnostic criteria for atopic eczema? How would you recognise a patient with eczema herpeticum?

This article describes the clinical features of the main types of eczema including atopic eczema, irritant and allergic contact dermatitis and seborrhoeic, varicose and discoid eczema. It also discusses trigger factors, diagnosis, differential diagnosis and complications.

- Find out more information about atopic eczema from the Patient UK website at http://tinyurl.com/eczema01.
- Read more about irritant and allergic contact dermatitis on the Patient UK website at http://tinyurl.com/eczema02.
- The Patient UK website also has useful articles with more detailed information about seborrhoeic, varicose and discoid eczema at http://tinyurl.com/eczema03, http://tinyurl.com/eczema04 and http://tinyurl.com/eczema05.
- Find out more about eczema and infection from the National Eczema Society factsheet at http://tinyurl.com/eczema06.

Are you now confident in your knowledge of the different types of eczema and their clinical features? Are you familiar with the trigger factors and diagnostic criteria for atopic eczema? Could you advise patients about complications that could occur?

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Get a CPD log sheet for your portfolio when you successfully complete the 5 Minute Test online.

Practical Approach

White patches in the mouth

At the Update Pharmacy, Maureen Bright hands over to pharmacist David Spencer a prescription for prednisolone 5mg soluble tablets. The dose reads: "Dissolve one in water and rinse the mouth. Use twice daily, when necessary."

"So does this mean that you've finally found out what the problem is?" David asks.

"I certainly hope so," replies Maureen, "It's been a long and tortuous process."

"So what is it? And what's happened since I saw you last? It's been more than a month now."

"Well," Maureen replies, "you'll remember that it all seemed to start with a flu-like infection. My GP wasn't quite sure what it was and he prescribed an antibiotic in case there was some bacterial cause.

"The infection cleared up, but then I got these white patches on the inside of my mouth.

"I went back to the GP. He said that he thought I had thrush caused by taking the antibiotic and gave me nystatin suspension. That didn't work, and I started to get little mouth ulcers as well.

"You said that you thought that it wasn't thrush, and you were right – so I went back to the GP. He seemed baffled and sent me to my dentist.

"The dentist took a look and said she thought she knew what it might be and referred me to an oral surgeon at the hospital, where I had a biopsy – and at last we think we have the answer."

Questions

1. What condition has Maureen been diagnosed with?
2. What is the treatment?
3. What is the prognosis?

Answers

1. Oral lichen planus. The cause is unknown but it is probably immunologically mediated and may be triggered by a virus. It can occur at any age, but is uncommon in the very young or elderly. It is recurrent and more usually manifests as a pruritic, papular eruption on the flexor surfaces of the hands and arms, but it can also occur on the genitalia and the mucous membranes.

In the mouth, the most common signs are white patches, which are often painless, on the inside of the cheeks and on the tongue and gums. Redness, ulcers or blisters may develop and these can be very painful. The symptoms may be mistaken for oral candidiasis or aphthous ulcers. There may be permanent mouth soreness and slight swelling.

2. There is no prophylactic treatment. Flare-ups are usually treated topically with steroids (for example, a cream or prednisolone rinse). Very severe flare-ups are treated with short courses of systemic steroids. Immunosuppressants such as azathioprine and ciclosporin are also used in severe cases.

3. Once contracted, oral lichen planus is nearly always chronic; there is no more than a 5 per cent chance of spontaneous resolution. There is a very small chance (1-3 per cent) of malignancy developing in the long term.

References

- Chaung T, Stitle L; Lichen planus, eMedicine, May 2010 (http://emedicine.medscape.com/article/1123213)
- Patient UK (www.patient.co.uk/doctor/Lichen-Planus.htm)

Have you got a suggestion for a Practical Approach scenario? Email **haveyoursay@chemistanddruggist.co.uk**

For more Practical Approach scenarios, go to **www.chemistanddruggist.co.uk/practicalapproach**

Give infants with cold & flu symptoms the star treatment this winter

Calpol Infant Suspension is the only pain and fever relief medicine for colds and flu that's effective and gentle enough for babies as young as 2 months (weighing more than 4 kg and not premature).

Trust the makers of Calpol to have kids' colds and flu covered

Calpol Sugar Free Infant Suspension Product Information:
Presentation: Suspension containing 120mg Paracetamol per 5ml. **Uses:** Treatment of mild to moderate pain and as an antipyretic. Can be used in many conditions including headache, toothache, earache, teething, sore throat, colds and influenza, aches and pains and post immunisation fever. **Dosage** *Children 1 to under 6 years*: 5–10ml. Repeat dose every 4 hours if necessary, up to a maximum of 4 doses in 24 hours. *Children 3 months tounder 1 year*: 2.5 – 5ml. Repeat dose every 4 hours if necessary, up to a maximum of 4 doses in 24 hours. *Infants 2-3 months*: Post –vaccination fever at 2 months: 2.5ml, and a second dose, if necessary, after 4-6 hours. The same two doses can be given for the treatment of mild to moderate pain and as an antipyretic in infants weighing over 4kg and not born before 37 weeks. **Contraindications:** Hypersensitivity to paracetamol or other ingredients. **Precautions:** Caution in severe hepatic or renal impairment. Interactions with domperidone, metoclopramide, colestyramine, anticoagulants, alcohol, anticonvulsants and oral contraceptives. Patients with rare hereditary problems of fructose intolerance should not take this medicine. Maltitol may have a mild laxative effect. Parahydroxybenzoates and carmoisine may cause allergic reactions. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Very rarely hypersensitivity and anaphylactic reactions including skin rash. Blood dyscrasias, chronic hepatic necrosis and papillary necrosis have been reported. **RRP (ex-VAT):** 100ml bottle: £2.48; 200ml bottle: £4.16; 12 x 5ml sachets: £2.74; 20 x 5ml sachets (sugar free only): £4.41. **Legal category:** 200ml bottle: P; 100ml bottle: GSL; Sachets: GSL. **PL holder:** McNeil Products Ltd, Maidenhead, Berkshire, SL6 3UG. **PL numbers:** 100ml bottle: 15513/0123; 200ml bottle: 15513/0006; Sachets: 15513/0155. **Date of preparation:** July 2010

ID: 06199

McNeil

* Number one paediatric analgesic medicine, IRI 52 W/E 21 August 2010

Engaging with your commissioners – what you need to do now and next

With PCTs facing the chop under Andrew Lansley's NHS reform plans, it's easy to think they're no longer important and to give up trying to engage with them. But experts agree this is simply not the case.

PCTs still hold a lot of power and pharmacy needs to ensure trusts don't use the transition period to decommission services, for example. NPA head of external communications Stephen Fishwick says: "PCTs are still legally responsible for the vast majority of NHS investment. The period between now and settling in of new commissioning arrangements must be one of progress in the NHS, not sliding back."

PSNC agrees it is important for local pharmacies to be engaging with their PCTs and discouraging service decommissioning, and Mark Burdon, of Northumberland LPC, adds: "I do think we need to maintain these relationships, as PCTs are likely to be there for another couple of years."

Another important point is that as GP consortia form, you may find familiar faces from the PCT moving over to work for them, so keep good relationships going. Doncaster LPC secretary Nick Hunter says the committee's relationship with the trust has built up over many years, with people often sticking around even through periods of change. "Personal relationships have survived the changes. We are not quite sure where those at the PCT will move on to, but some will be working in the healthcare sector or commissioning bodies so working relationships need to be maintained," he says.

As well as looking to people within the PCT, you should also keep a watchful eye on where GP consortia are forming and build links early on. As one PCT employee told C+D: "Things are happening fast and people need to get their act together; they really need to be on the ball. Pharmacists need to figure out who the members of the GP consortia are because, although consortia may not be formed yet, they are key. People need to go to GP commissioning boards and engage directly with them."

6 STEPS TO... Getting your PCT commissioners on side

PCTs may be a dying breed, but **Miriam Reissner** finds it's still important to engage with these local commissioners and offers six top tips for doing so effectively

1 Get talking

"Keep talking to them," says Mike Hewitson of Dorset LPC. He says successful negotiation requires being "enthusiastic and up for the challenge".

2 Understand your commissioner

Understanding your commissioner and the problems it is facing can make all the difference, LPCs say. Mark Burdon, from Northumberland LPC, suggests: "Have a degree of understanding and empathy for them. They have a job to do and have to keep to a drugs budget so we have to understand if they are under pressure to make cuts."

Being careful about how you communicate with your commissioner is also important. Nick Hunter of Doncaster LPC suggests: "Respect the pressures they are under and offer to work with and support them rather than fight against them. It is important to have an understanding of each other. You can have disagreements, but have respect for each other."

3 Keep delivering

LPCs are agreed that if you win a service, you need to make sure you deliver on that. For pharmacists that means giving services your best efforts, and for LPCs it means helping pharmacists in any way you can to do what the commissioner needs. That's likely to include providing education and training as well as advice and support, says Mr Hewitson. He adds that you should "be proactive in getting results", and says good communication with pharmacists to get them along to training events is vital.

4 Make friends

Developing good links with important people can help. As Mr Burdon says: "It is always easier to discuss something with somebody with whom you already have a rapport."

5 Broaden your horizons

Make sure you build relationships with everyone you can as it's not only the people at the top who can have an influence. GP consortia may engage with a range of stakeholders and, for PCTs, the NPA suggests you look beyond the pharmacy team to build links. "Don't forget to forge relationships with public health and primary care staff, as well as the medicines management team," Mr Fishwick says.

6 Work together

Collaborating with other LPCs or pharmacists can help you to achieve results by sharing good practice or perhaps trying joint negotiations. Mr Burdon explains: "We enjoy a good relationship with NHS North of Tyne – the joint management structure that covers Northumberland, Newcastle and North Tyneside. Across this area, there are two LPCs – Northumberland (which I chair) and North Tyne (Newcastle and North Tyneside). Because there is one management structure, there are many benefits in working together and sharing resources. I know other LPCs have been working very well together – this should be encouraged."

CPD Reflect • Plan • Act • Evaluate

Tips for your CPD entry on engaging with local commissioners

REFLECT	How are my pharmacy's services and therefore patients affected by my relationships with local commissioners?
PLAN	Assess how effective my relationships with local commissioners are.
ACT	Take steps to improve relationships with local commissioners, such as arranging to meet them.
EVALUATE	Is my relationship with local commissioners more effective and has this helped my patients?

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C&D Training

CATEGORY FOCUS

Upper GI

Clever marketing and education could boost pharmacy's success in the £102m indigestion and stomach upset market, finds **Jenny Sims**

The loss of 300,000 shoppers in the last year is one reason the upper GI market (indigestion and stomach upset) is continuing its year-on-year marginal decline, according to figures provided for C+D by data analyst Kantar Worldpanel.

But alongside this year's launch of OTC proton pump inhibitor (PPI) Pantoloc Control (see Product Watch, p32), following the POM to P switch of pantoprazole, a variety of marketing strategies may help turn the tide.

Reckitt Benckiser's (RB) current multi-million pound advertising campaign for its latest addition to the Gaviscon range (see Brand Watch, below), Gaviscon Strawberry Flavoured Tablets – which began last month and will run until the end of the year – is primarily aimed at encouraging trial purchase from new users. And considering customer feedback, Stefan Gaa, marketing director at RB UK, comments: "We are confident that it is going to be a real sales success for our retailers."

Other brands in the category are focusing on the benefits of better involving pharmacists in customer education to attract and retain customers.

"Pharmacists are uniquely placed to help assist with product choice and lifestyle advice, especially when symptoms are first presented and when introducing customers to newer OTC medicines," says a stomach, heartburn and indigestion report published in May by Ceuta Healthcare in partnership with GlaxoSmithKline (GSK) Consumer Healthcare, which manufactures several upper GI brands including the Zantac range (see Product Watch, p32) and Tums.

The report offers advice for pharmacists on what to tell patients about heartburn and

Brand Watch: Gaviscon

Reckitt Benckiser's Gaviscon is the number one brand in the upper GI category, with 39 per cent value share.

Gaviscon is the biggest advertising spender in the category, it says, spending £11.5 million on the brand this year across TV, online, radio and PR.

A new addition to the range, Gaviscon Strawberry Flavoured Tablets, was launched in August. This was followed in November with the launch of a major TV advertising campaign starring Gaviscon's Fireman Gav – and featuring a very spicy hot dog.

In addition, during the two-month campaign Gaviscon is offering consumers a 100 per cent money back offer if they don't like the "strawberry sensation".

Market Insight

The indigestion and stomach upset market is in marginal year-on-year decline of -1.3 per cent, which is some way behind the 4.5 per cent growth that the total healthcare market experienced in the 12 months ending September 2010. It is dominated by the indigestion category, which accounts for over 90 per cent of the sales.

A contributing factor to the market's decline is that it has lost 300,000 shoppers in the latest year, meaning that it is now purchased by one in four people each year. On average, shoppers have spent £8.26 per year – marginally up, due to shoppers paying slightly higher prices and buying into added-value products such as Gaviscon Double Action, Gaviscon Cool and Rennie Deflatine.

Own label – which is growing share but remains small at 19 per cent of the market – is significantly cheaper than the average branded product but it is still losing shoppers, suggesting that this is a market that is struggling to connect with consumers and make itself relevant.

As with many of the healthcare markets, pharmacy plays an important role and it crucially retains the balance of power in this sector. The two caveats, though, are that the pharmacy sector is declining faster than the rest of the market and is becoming less important, and that the single largest retailer is Tesco, some way ahead of Boots in second place.

While it is declining faster, the pharmacy sector displays many of the same traits that are seen in the grocery multiples. Fewer people are purchasing but they are buying into the more added value products.

Source: Data and analysis provide for C+D by Kantar Worldpanel (strategic insight director, Tim Nancholas)

"[Feedback on] response to previous treatments helps you avoid duplicating a recommendation. It's really important to gauge what type of formulation is acceptable to your customer"

stomach upsets, in light of a survey that revealed 89 per cent of people don't know the difference between antacids, alginates, H2 antagonists and PPIs (see Advice for your patients: How the remedies work, below).

Another leading company in the category, Procter & Gamble, is currently investing in a 12-month, pharmacy-focused PR campaign to boost the popularity of Pepto-Bismol. This includes a planned series of accredited tutorials covering nausea, heartburn, indigestion, upset stomach and diarrhoea.

Boots pharmacist Milak Rahman agrees that good pharmacist advice is key to customers getting the most out of OTC remedies for upper GI conditions. Getting a thorough history from your patient first is vital, he says. "Duration of symptoms is key, and response to previous treatments helps you avoid duplicating a recommendation [including different brands with the same active ingredients]," he advises. "It's really important to gauge what type of formulation is acceptable to your customer."

Equally important, he adds, is knowing when to refer anyone with warning signs that need instant medical attention, or symptoms of undiagnosed ulcer, hiatus hernia or possible stomach or oesophageal cancer, "which ►►

Advice for your patients

HOW THE REMEDIES WORK

Antacid – the neutraliser
A treatment suitable for discrete attacks of heartburn and indigestion. Alkaline in nature, antacids work by neutralising excess acid in the stomach.

Alginate – the blocker
Forms a foam layer over the stomach contents to stop excess acid rising into the oesophagus

H2 antagonist – the controller
Works at the root cause of indigestion and heartburn by reducing the amount of acid produced in the stomach.

Proton pump inhibitor – the director
For recurrent heartburn/indigestion sufferers. Shuts down the system which produces stomach acid, known as the proton pump.

LIFESTYLE TIPS

How to avoid heartburn and indigestion:

1. Give up smoking
2. Lose weight
3. Avoid foods that trigger attacks/ cut down on fried, fatty foods
4. Eat fibre-rich foods and fresh fruit and veg
5. Eat little and often, rather than have large meals
6. Sit up straight when eating
7. Eat your evening meal at least two hours before going to bed
8. Reduce alcohol intake
9. Reduce stress – relax more
10. Avoid tight or restrictive clothing
11. Raise your head at night with pillows or under-bed supports

Best-selling indigestion and stomach upset brands

	Brands	Own label
1	Gaviscon	Tesco
2	Rennie	Asda
3	Remegel	Boots
4	Zantac	Morrisons
5	Andrews LS	Sainsbury's
6	Alka-Seltzer	Superdrug
7	Bisodol	
8	Pepcid	
9	Milk of magnesia	
10	Wind-eze	

Market changes 2009-10: indigestion and stomach upset remedies

Total market value
£102,073,000 ▼ 1.3%

Pharmacy
£28,085,000 ▼ 11.6%

How the sub-categories compare – total market

Indigestion remedies
£92,574,000 (91%) ▼ 1.6%

Stomach upset
£9,499,000 (9%) ▲ 1.2%

Branded v own label – total market

Branded
£82,759,000 (81%) ▼ 2.0%

Stomach upset
£19,314,000 (19%) ▲ 1.8%

Source: Kantar Worldpanel, 52 weeks to September 5, 2010

KANTAR WORLDPANEL

often has non-specific symptoms similar to heartburn and indigestion that can easily be overlooked".

Pharmacists are also well-placed to offer customers presenting with upper GI complaints lifestyle advice on how to control their symptoms (see Advice for your customers: Lifestyle tips, p31). Mr Rahman points out that smoking cessation is "a great way to fight chronic heartburn in smokers – so signpost these customers on to your stop smoking program".

Julie Lamble, nutritionist at supplements manufacturer Lifeplan Products, agrees: "Retailers can play their part in helping customers improve their digestive health, and subsequently their overall wellbeing.

"Passing on dietary advice is a good starting point. For example, eating a well-balanced, healthy diet, small meals, chewing food properly, and taking the time to eat and digest food properly can all help."

Advice could include information on digestive enzymes, probiotics and other dietary supplements, Ms Lamble says, "all of which can help improve overall digestion, as well as tackle upper gastrointestinal health problems such as indigestion, acid reflux, and gastritis".

Case study

Hodgson Pharmacy, Longfield, Kent

Amish Patel

The Christmas festive season of over-indulgence is nearly upon us, and pharmacist Amish Patel is using it to full advantage to promote his upper GI product range. First, by giving indigestion and stomach upset products "more shelf edging", and second, by making his own upper GI-focused TV advertising programme to play in the shop.

Avicenna member Mr Patel has put all the OTC GI products in one section, whereas "they used to be separated out". Now, lower GI products are displayed on the lower shelves and upper GI on mid-shelving.

"Some customers got a bit confused and joked they couldn't find anything. But I found it was a good opportunity to talk to them," says Mr Patel.

He has also asked companies if he could obtain special offers and discounts on upper GI products that he could include in the TV special

along with his Merry Christmas messages and product advertising.

His message to other pharmacists is to remember that upper GI products sales "can be seen as seasonal".

Product Watch

Pantoloc Control

Manufacturer: Novartis Consumer Health
Classification: P
For: Short-term treatment of reflux symptoms (eg heartburn, acid regurgitation) in adults.
Active ingredients: Pantoprazole 20mg
What's new? Pantoloc Control was launched in spring this year, supported by a £2m advertising campaign, following last year's approval of the POM to P reclassification of PPI (proton pump inhibitor) pantoprazole.
Contraindications: Hypersensitivity to active ingredient, to soya or any of excipients. Co-administration with atazanavir.
www.pantoloccontrol.co.uk
Tel: 01403 218111

Format/pack size: 7; 14
Pip code: [illegible]
RRP: [illegible]

Zantac 75

Manufacturer: GSK Consumer Healthcare
Classification: P
For: Symptomatic relief of heartburn, indigestion, acid indigestion, and; hyperacidity and prevention of heartburn, indigestion, acid indigestion and hyperacidity associated with consuming food and drink.
Active ingredients: Ranitidine 75mg
What's new? In May, GSK Consumer Healthcare launched a viral web game for Zantac 75, part of a £1m multimedia campaign.
Contraindications: Hypersensitivity
www.zantac.co.uk
Tel: 01202 780558 (Ceuta Healthcare)

Format/pack size: 24; 48
Pip code: 241-4662; 285-[illegible]
RRP: £6.37; £9.[illegible]

Bisodol

Manufacturer: Forest Laboratories
Classification: GSL
For: Relief of indigestion, dyspepsia, heartburn, acidity and flatulence.
Active ingredients: Calcium carbonate 522mg, magnesium carbonate light 68mg and sodium bicarbonate 64mg
USP: Bisodol Extra tablets have been formulated to provide effective, rapid relief from indigestion, heartburn and acid reflux. It has a unique triple active formula, the manufacturer says, which acts fast to neutralise excess stomach acid and prevent it rising back up the oesophagus.
Contraindications: Consult doctor before use if on a low sodium diet. Not recommended for children under 12 years.
www.bisodol.com
Tel: 01322 550550
Email: bisodol@forest-labs.co.uk

Format/pack size: 30 tablets in flip-top [illegible]; 100 tablets in five rolls [illegible] 20
Pip code: [illegible] 600 [illegible] (original 30s), 721-[illegible] [illegible] 000-7708 (original 100s)
RRP: [illegible]

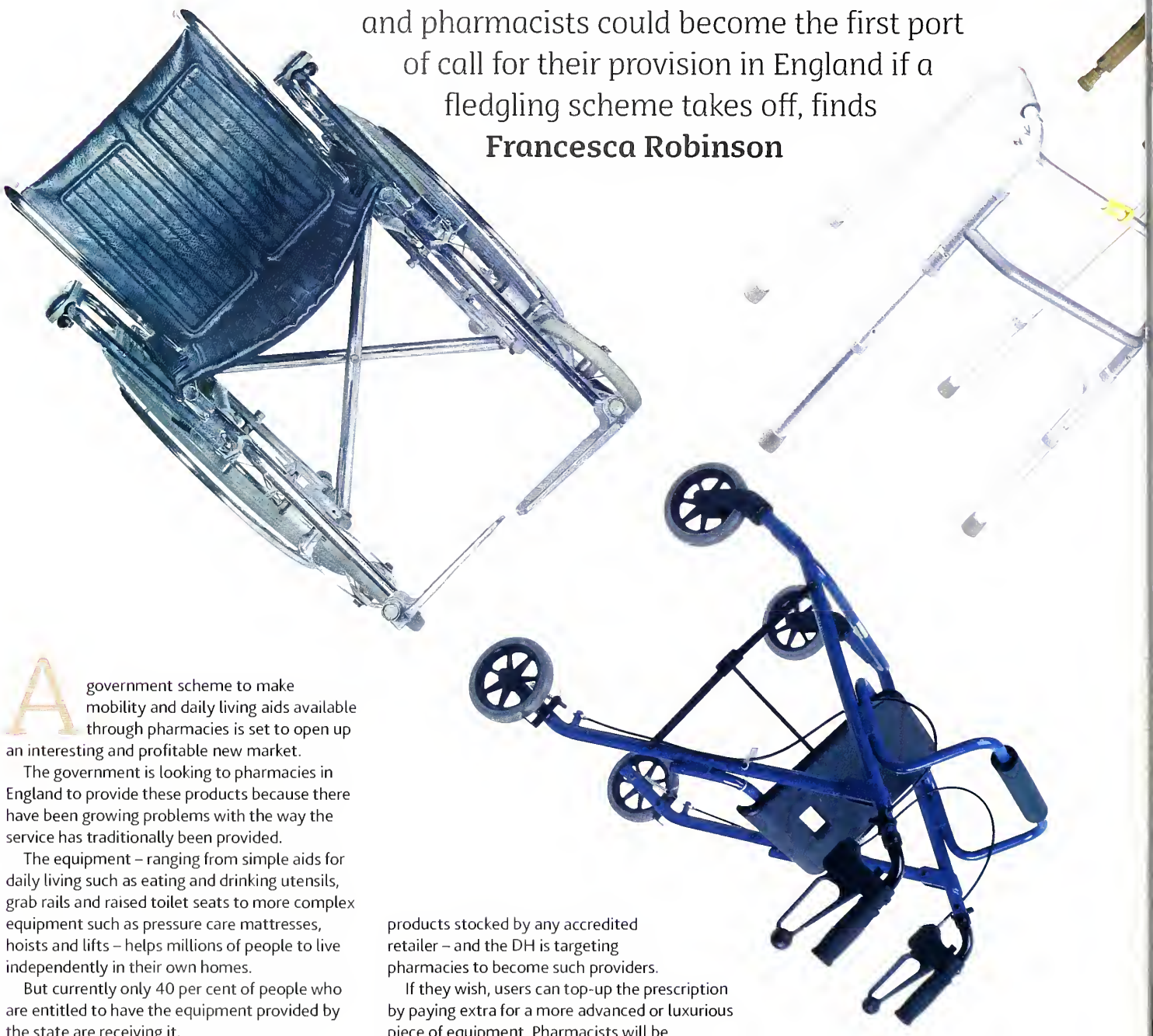
CPD Reflect • Plan • Act • Evaluate

Tips for your CPD entry on upper GI

REFLECT	Do my patients get the most out of upper GI products?
PLAN	Review my and my staff's knowledge and sales protocols.
ACT	Read this article, revise common upper GI complaints, review available remedies and arrange training as necessary.
EVALUATE	Do my patients get better advice for upper GI complaints?

Mobilising aid

Mobility aids are a huge, largely untapped market and pharmacists could become the first port of call for their provision in England if a fledgling scheme takes off, finds **Francesca Robinson**



A government scheme to make mobility and daily living aids available through pharmacies is set to open up an interesting and profitable new market.

The government is looking to pharmacies in England to provide these products because there have been growing problems with the way the service has traditionally been provided.

The equipment – ranging from simple aids for daily living such as eating and drinking utensils, grab rails and raised toilet seats to more complex equipment such as pressure care mattresses, hoists and lifts – helps millions of people to live independently in their own homes.

But currently only 40 per cent of people who are entitled to have the equipment provided by the state are receiving it.

There are long waits for assessment by occupational therapists and for subsequent delivery of the equipment from a loan store. The process is expensive for local authorities, which provide the products in most areas and have to pay for delivery and recycling of the equipment.

So the Department of Health (DH) has launched the Transforming Community Equipment Services (TCES) programme, which will see people entitled to state-funded mobility aids issued with prescriptions by occupational therapists. The prescriptions can be exchanged for products stocked by any accredited retailer – and the DH is targeting pharmacies to become such providers.

If they wish, users can top-up the prescription by paying extra for a more advanced or luxurious piece of equipment. Pharmacists will be reimbursed for TCES products at a price fixed by a national tariff.

Phil Stephens, the then DH TCES project lead who launched the scheme, says: "We wanted to create an open marketplace, not only for the people who receive prescriptions but also for those who want to buy the equipment themselves.

"Pharmacies are well trusted by their customers and are located in the communities where people live, so they tend to know the people who will be receiving the prescription and any other health needs they might have. It is an ideal fit."

The scheme has already been piloted by councils in the north west and in the last year has gone live in several London boroughs. The DH hopes to have two-thirds of local authorities on board within three to five years.

How to get involved

The first thing a pharmacy will hear about the scheme is when a letter drops through their door from their local authority inviting them to a

"Pharmacists will make more profit from selling daily living aids than from selling shampoos and trying to compete on price with Asda"

PHIL STEPHENS, DH TCES PROJECT LEAD

briefing event. This is the point at which they can register an interest.

Pharmacists who want to take part must be accredited by their local council. This involves going on a short training programme to ensure they and their staff are competent to advise on the suitability of products and demonstrate the safe and correct use of equipment. Some authorities are providing free training, while others are charging pharmacists cost price – anything up to £130.

Pharmacies will be expected to stock smaller items so that customers can pick them up in-store. Bulkier items will be sold from catalogues and pharmacies will negotiate with wholesalers to deliver the products on a daily basis. They will then have to either deliver and install the products themselves or pay a company to fulfil that part of the transaction.

The benefits for pharmacists

Around 60 per cent of people who need mobility aids are not getting them and Mr Stephens estimates the retail value of the market is potentially worth more than £1 billion.

"Pharmacists will make more profit from selling daily living aids than from selling shampoos and trying to compete on price with Asda. If people go to the pharmacy to buy a daily living aid, they will tend to buy more than one. There are good margins to be made on them," he says.

"What we are trying to do is create an accessible marketplace for these products. At the moment, consumers don't know there is a market out there."

Hatul Shah – an independent contractor who is part of the pharmacy supplier Sigma, which has a mobility aid arm, Sigmobility – has been working with the DH to develop the programme and

Case study 1: Boots

Earlier this year, Boots trialled the TCES scheme in "a number" of its stores across the UK.

The multiple is interested in supplying independent living aids because it fits with its ethos of offering a wide choice of products and services to meet the requirements of its customers, a spokesperson says.

Boots is no longer dispensing the equipment in-store, because the trial found local variations in requirements, expectations and market conditions made it difficult for the multiple to operate the service consistently across its national chain. "For a national retailer, meeting the different requirements that each local authority naturally has brings operational complexity," a spokesperson says.

The company also found some logistical challenges in delivering the in-store service. A spokesperson explains: "Unlike independent mobility retailers, pharmacies do not normally have space to store or display the tariff products, so order them when a prescription is received. The customer then comes to the store to collect the product once it has been delivered.

"This can be a disadvantage, particularly when the customer wants a product urgently."

But Boots is still providing the independent living aids online. Over 600 daily living and mobility aids are stocked at www.boots.com – customers can order online or in any store, and orders are delivered direct to their home addresses.

Case study 2: Holborn Pharmacy, Camden, London

Pradip Patel became involved in the scheme, partly because he viewed supplying mobility aids as part of his caring role – and also because he felt his business could make money on the products.

"We are currently dispensing about two or three items a week," Mr Patel says. "The most popular items have been bath boards, perching stools and bath stools and raised toilet seats. So far only a few people have topped up their prescriptions.

"We are now stocking around 30 of the lines we know will sell. We always keep a selection of walking sticks and crutches and we will start displaying these items as well, so people might see them and buy more.

"Delivering mobility aids can be difficult as we are in central London and a lot of people live in flats. It can also be time consuming – for example, it can take 10 to 15 minutes to put up a perching chair."

Mr Patel has two members of staff accredited to dispense mobility aids and says the two-hour training provided free by Camden Council was good.

"I see the scheme as an add-on to what we are doing at present, but it is still early days. When there are bigger volumes, it will be worth keeping more items in stock," he says.

Case study 3: Southwark Council

The scheme went live in Southwark in February with 14 accredited retailers, 10 of which are pharmacies, and the council's TCES project manager Taylor Jakks says it is now "mainstreamed – part of our day-to-day business".

The number of monthly prescriptions is increasing and the council has now redeemed almost 400. Retailers have also reported that customers have been topping up their products and self-funding additional items, Mr Jakks says.

The most frequently prescribed items are: plastic grab rails, pick-up and reaching aids, perching stools, bath steps, commodes, general furniture raisers, raised toilet seats, bed lever and trolleys.

To join the scheme, pharmacies paid £130 per person for accreditation training, which involves a four-hour e-learning course, plus a further three hours face to face, familiarising retailers with the equipment and related issues, so that they become experts and can give good information and advice. "We expect the price of the training will fall as the market for assessor training grows," Mr Jakks says.

Pharmacists redeem the prescriptions through the council's online ordering portal and are on immediate payment terms to receive reimbursement within a week.

One issue has been the size of pharmacists' shops and their ability to keep large amounts of stock. "We have three pharmacies that are a good size and can keep stock and exchange products immediately for prescriptions. We encourage the smaller shops to keep four or five different catalogues so they can offer people a choice of products so that they don't have to hold vast amounts of stock," says Mr Jakks.

Pharmacists make a profit of around 22 per cent on TCES items. "But what my retailers have realised is that it's the top-up and additional sales on which they can make higher margins," says Mr Jakks. "Getting a retailer to hold stock and become a source of information and advice encourages people to buy more items earlier privately for themselves. This might prevent accidents, while encouraging people to become more independent and less reliant on the state."

"We encourage smaller pharmacies to keep four or five different catalogues so they can offer people a choice of products"

SOUTHWARK COUNCIL TCES PROJECT MANAGER TAYLOR JAKKS

"Mobility products will give an instant profit margin and is a niche market, which will bring new customers into the shop"

HATUL SHAH, INDEPENDENT CONTRACTOR

believes the scheme represents a significant business opportunity for pharmacists.

"Mobility products will give an instant profit margin and is a niche market, which will bring new customers into the shop. Also, it fits well with what we do in the pharmacy; it is all about providing care," he comments.

Mr Shah says pharmacists can expect to make a profit of around 20 per cent on a TCES line and around 45 per cent on a product sold privately. This compares with around 5 per cent profit on selling disposable nappies.

He observes: "Pharmacists have been hesitant about this new area – they are reluctant to change. But slowly they are realising there is a market here and with the ageing population there is an increasing requirement for these products.

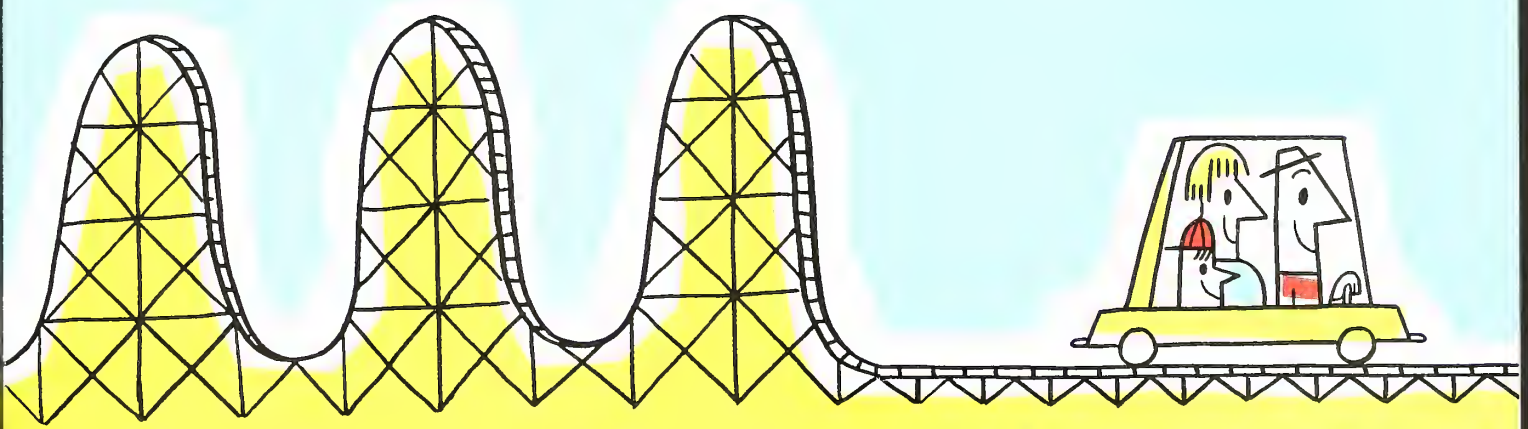
"There is potential for massive growth in this market which could generate a lot of revenue for pharmacists. When you have got the government pushing a scheme like this, you can't ask for anything more."

CPD Reflect • Plan • Act • Evaluate

Tips for your CPD entry on mobility aids

REFLECT	Would my patients benefit from an independent living aids service?
PLAN	Consider whether my pharmacy could get involved in the TCES scheme or otherwise provide mobility equipment.
ACT	Join the TCES scheme where possible, or introduce independent living aids to pharmacy if appropriate.
EVALUATE	Do my patients benefit from my independent living aids service?

INSOMNIA RASHES ALLERGIES



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A reluctant hero

Hazel McConnell may not think she's anything special – but her colleagues certainly do. **Chris Chapman** hears how their testimonies won her a C+D Award

Hazel McConnell doesn't think there's anything particularly special about the service she provides her patients. "I feel I don't do any more than anyone else," she says. "I've been working here for 26 years, I just do a good day's work."

But her colleagues at Boots in Omagh, Northern Ireland, disagree – which led to them nominating her for Pharmacy Assistant of the Year at 2010's C+D Awards.

"If people could see her in action, they'd know what I mean," says store manager Barbara Connolly, who put Ms McConnell forward for the award. "Her empathy and friendliness – every customer loves her. And she's a mother figure for other members of staff, too... she sets a great example for those who work with her. She takes time to care for patients, especially older people."

"She's so customer-focused and intuitive," adds store pharmacist Monica O'Gara. "She has an instinct of how to help out. She's always doing the right thing at the right time, and knows when to ask me for advice. She's reliable, very pleasant to work with and is a good team worker. She's got good experience, and she uses it to the full."

Ms McConnell says she was "dumbfounded" when she found out she had been put on the shortlist – but that didn't compare with her delight at winning. Unable to attend the awards ceremony, she found out she had won when Ms Connolly phoned her.

"She was over the moon," says Ms Connolly. "She said she felt like the Queen."

And the congratulations she received pay testimony that Ms McConnell is no ordinary pharmacy assistant. Over the following weeks she received cards and continual congratulations from staff and patients alike. Ms McConnell even received a card from someone she had worked with years before, demonstrating the impact she makes on those around her.

For Ms McConnell, this all boils down to a simple philosophy for patient care – one that she is keen to encourage in others.

"Treat people as you would want to be treated yourself," she advises. It's a statement that sums up Ms McConnell's modest, considerate approach to patient care, and shows just why she is valued so highly by her team.

How Hazel McConnell won the C+D Pharmacy Assistant of the Year Award 2010

Personal qualities: Ms McConnell shows an empathy and friendliness to all her patients, building up a relationship with customers, says store manager Barbara Connolly. And she's a boon to any pharmacist working with her.

Pharmacist Monica O'Gara says Ms McConnell always knows when to refer a patient to her, and has an outstanding knowledge of products and services offered by the pharmacy.

She also has a reputation as a good team worker and has built up strong relationships with other members of staff, Ms O'Gara adds.

Pharmacy services: Ms McConnell acts tirelessly promoting smoking cessation to her customers.

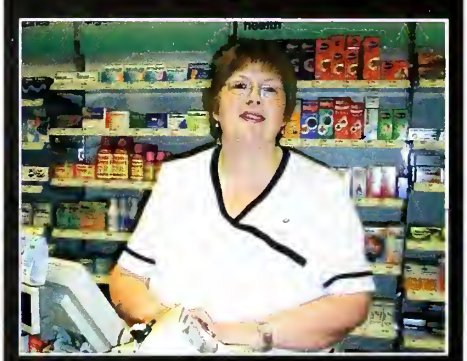
She makes patients aware of the service, and ensures they are then passed on to a pharmacist. She also provides a minor ailments service and operates a successful prescription collection service.

Ms McConnell goes the extra mile to help elderly patients; in addition to collecting prescriptions, she helps customers with their collection tickets, taking time to identify and address any barriers to care.

C+D AWARDS 2011

In association with NPA National Pharmacy Association

Pharmacy Assistant of the Year



Hazel McConnell

Pharmacy: Boots, Omagh, County Tyrone

Award won: C+D Pharmacy Assistant of the Year 2010

Award entry: A shining example of patient-centred care

What the judges said: "Hazel is your ideal staff member. Simply the best!"

Dream holiday destination: Ms McConnell doesn't mind where she ends up to relax – just as long as it's sunny

Hobbies: Ms McConnell doesn't have time for hobbies: "I have grandchildren!"

Favourite ice-cream flavour: A traditional vanilla

You could be C+D Pharmacy Assistant of the Year 2011

Entry for C+D Pharmacy Assistant of the Year 2011, sponsored by Reckitt Benckiser, is now open. Could it be you?

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- How have you made a difference to the pharmacy?
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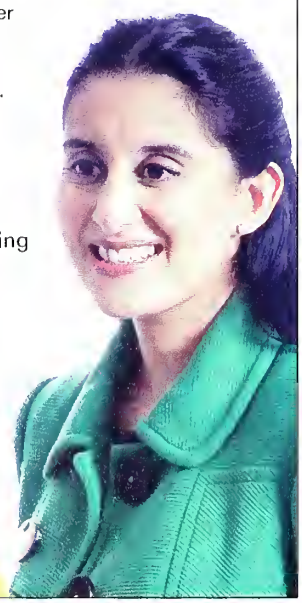
Find out more from Jina about becoming a **Pharmacist** or **Pharmacist Store Manager** by visiting **www.boots.jobs/pharmacy**



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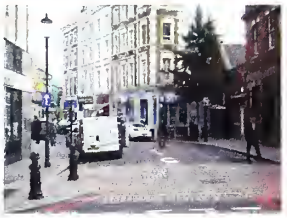

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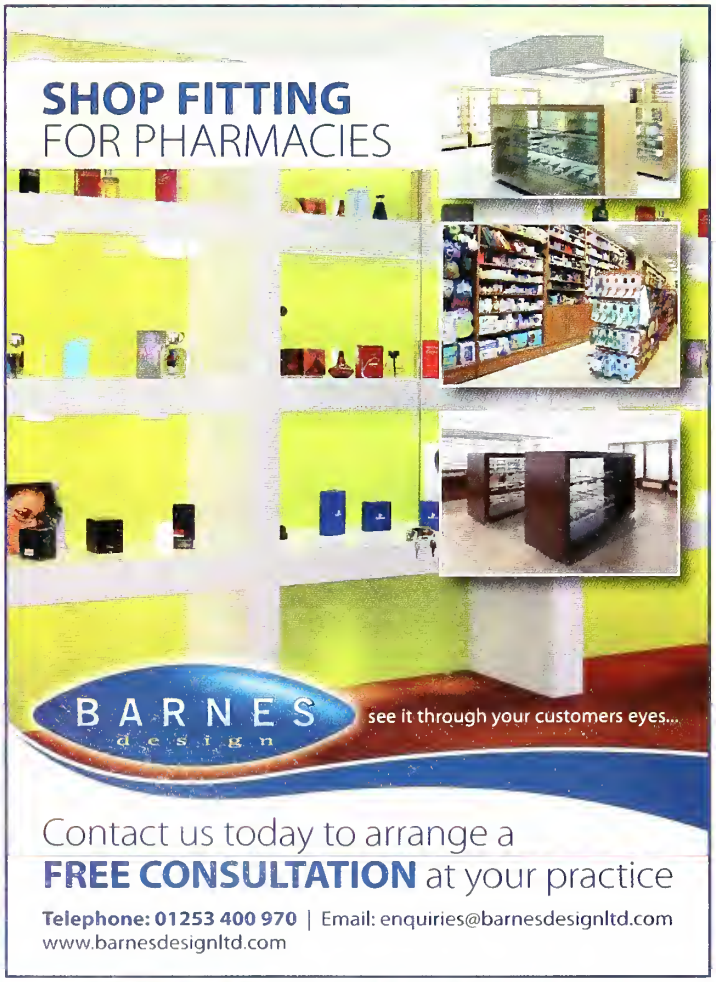

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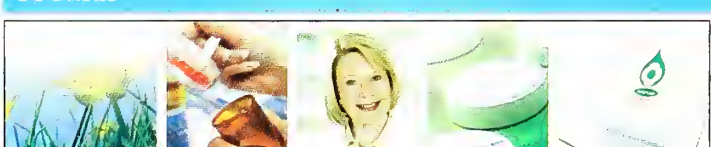

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Postscript...

It's a private matter at Lloydspharmacy

A dong in Doncaster but a banjo in Birmingham? Lloydspharmacy is asking men who visit its site what name they use for their privates, as part of a survey.

The survey reveals terminology tends to vary by region. When describing their privates to their doctor, the majority of men surveyed in Northern Ireland use the proper anatomical term. In contrast, only 55 per cent of men from the north tell it like it is. Meanwhile, 'private parts' and 'down there' are popular terms used by polite Welsh men.

While warning that "there may be some rather ripe language", the company states that it will filter out anything that it considers too "blue".

Lloydspharmacy has launched the ICallMine.co.uk website in an attempt to attract men to their online doctor service.

Dr Thom Van Every, at Lloydspharmacy Online Doctor, says: "While men are willing to tell us what they call their bits anonymously in a poll, they find it much more difficult to talk to medical professionals about intimate concerns.

"Our research shows that many men have delayed going to their GP about a private problem and some have shelved it altogether, which is worrying if it means conditions are going undiagnosed and untreated."

A social tweet

Snowfall, supermarkets and stereotypes were the hot topics of conversation this week. Join in with the debate at www.twitter.com/chemistdruggist

@GaryParagpuri: Shopping @Tesco in Slough; they have a pharmacy, optician and dentist now and all conveniently next to the fruit & veg.

@DrPetra: Why do pharmacy campaigns for men consistently emphasise how difficult it is for chaps to see their GP? Reinforcing stereotypes can't help.

@CandDZoe: London pharmacies seem to be open earlier than in the last cold snap – has anyone walked 10 miles to work again?!

@Pillman: @CandDZoe I walked three miles yesterday between three pharmacies to be RP at different times to keep things going.

C+D reader of the week

Meet locum Lin Freeman from Derby, who believes baked beans should only ever be served cold.

What's the best piece of advice you have ever been given? To believe in yourself.

What's the best thing about being a pharmacist? The variety and not knowing what you are going to do next.

What superpower would you pick? I would give clean drinking water to the whole world.

Where are you next going to go on holiday? A mini-break in Manchester for my son's graduation. We were up recently celebrating it. We went to the Christmas market and it was lovely up there.

What did you have for lunch today? Quiche and baked beans – cold baked beans – you should always have them cold as they have more flavour that way.

What is your favourite book? Black Beauty, because when I was younger I was crazy about horses.

What's the strangest request you have ever had? Someone came in and asked for the medicine where you 'ave-a-man. It took a while to work out that she meant she wanted Avomaine, a kind of travel sickness pill.

How have you been coping in the snow? It's not been too bad in Derby.

What should we ask the next reader of the week? If you could eradicate any disease, what would it be?

Calling all pharmacists and technicians. We want you to be our reader of the week. Email us at postscript@chemistanddruggist.co.uk

The Victorian Pharmacist

Sir,

I have recently dressed my shop window for Christmas, and wish to give you a rough sketch of its appearance, so that you may enjoy some cheer at this festive time.

A selection of pills were coated by us and arranged in large sample-bottles, with others loose on pyramid glass stands and shallow trays. This gave a good contrast and a very pleasing and pretty effect, and showed up the mass of shining pills beautifully.

A quantity of boxes, filled and wrapped and ready for sale, were placed around the foot of each stand, and for a background to the whole were piled up a quantity of white blue-edged boxes, with crimson-lettered labels, filled for wholesale customers. In the centre of the window a pill machine, resplendent with a new coat of lacquer and burnished up for the occasion, appeared to be surveying with astonishment and surprise the 150,000 pills we had used for decoration.

The result of our toil was a stream of admiring spectators outside, with each new comer exclaiming with delight about our window as they pushed their way inside.

This was my first attempt at a window dressing, but proved such a success, from both aesthetic and a financial point of view; we shall continue to dress our windows in the future.

The Victorian Pharmacist's comments are taken from a letter by J Marson & Sons, of Stafford, sent to C+D in time for Christmas 1883. Our romp through C+D's history will continue in 2011, but perhaps with a slightly more modern take on pharmacy...

C+D Christmas Competition 2010

Think you can do better than the Victorian Pharmacist? For the chance to win a Harrods hamper and see your pharmacy on the front cover of C+D's Christmas issue, send a high resolution image by December 13, 2010 to **postscript@chemistanddruggist.co.uk**, or C+D Christmas Competition 2010, C+D, Ludgate House, 254 Blackfriars Road, London SE1 9UY.

C+D

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code: xmas-giveaway

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*Value sales data includes Beechams All In One and Beechams Ultra All In One. Source: Nielsen Total Coverage MAT value sales data to week 41 10.10